

SAN FRANCISCO COUNTY JAILS

OUR LARGEST MENTAL HEALTH FACILITY NEEDS ATTENTION

June 2016



City and County of San Francisco
Civil Grand Jury, 2015-2016

Members of the Civil Grand Jury

Jay Cunningham, Foreperson

Alison Ileen Scott, Esq., Foreperson Pro Tem

Arti M. Sharma, M.S., Recording Secretary

Sheldon Bachus

Richard Baker-Lehne

Mary Lou Bartoletti, M.B.A.

Jean Bogiages

Catherine Covey, M.D.

Libby Dodd, M.B.A.

John Hoskins, Esq.

Margaret Kuo, M.S.

David Lal

Andrew Lynch

Wassim J. Nassif

Patti Schock

Michael Skahill, Ph.D.

David Stein

Charles Thompson

Eric S. Vanderpool, Esq.

THE CIVIL GRAND JURY

The Civil Grand Jury is a government oversight panel of volunteers who serve for one year. It makes findings and recommendations resulting from its investigations.

Reports of the Civil Grand Jury do not identify individuals by name. Disclosure of information about individuals interviewed by the jury is prohibited. California Penal Code, section 929

STATE LAW REQUIREMENT

California Penal Code, section 933.05

Each published report includes a list of those public entities that are required to respond to the Presiding Judge of the Superior Court within 60 to 90 days as specified.

A copy must be sent to the Board of Supervisors. All responses are made available to the public.

For each finding, the response must:

- 1) agree with the finding , or
- 2) disagree with it, wholly or partially, and explain why.

As to each recommendation the responding party must report that:

- 1) the recommendation has been implemented, with a summary explanation; or
- 2) the recommendation has not been implemented but will be within a set timeframe as provided; or
- 3) the recommendation requires further analysis. The officer or agency head must define what additional study is needed. The Grand Jury expects a progress report within six months; or
- 4) the recommendation will not be implemented because it is not warranted or reasonable, with an explanation.

TABLE OF CONTENTS

| | |
|--|-----------|
| SUMMARY | 5 |
| INTRODUCTION | 6 |
| OBJECTIVES, SCOPE AND METHODOLOGY | 11 |
| BACKGROUND | 13 |
| GENERAL DISCUSSION | 15 |
| A: Jail Intake and Custody Transfer | |
| DISCUSSION | 15 |
| FINDINGS | 17 |
| RECOMMENDATIONS | 17 |
| B: Facilities | |
| DISCUSSION | 19 |
| FINDINGS | 21 |
| RECOMMENDATIONS | 21 |
| C: Operations | |
| DISCUSSION | 22 |
| FINDINGS | 30 |
| RECOMMENDATIONS | 30 |
| D: Personnel and Training | |
| DISCUSSION | 32 |
| FINDINGS | 35 |
| RECOMMENDATIONS | 35 |
| E: Discharge and Reentry Planning with Outcome Performance Measures | |
| DISCUSSION | 37 |
| FINDINGS | 39 |
| RECOMMENDATIONS | 40 |
| CONCLUSION | 41 |
| REQUEST FOR RESPONSES | 42 |
| BIBLIOGRAPHY | 54 |
| GLOSSARY | 57 |
| APPENDIX | 59 |

SUMMARY

While the California State Penal Code requires that Civil Grand Juries visit and inspect the County Jails each term, Juries are not required to issue a report on them. The 2015-16 San Francisco Civil Grand Jury (Jury) chose to conduct this investigation because it was especially concerned about the role Jails play as a default provider of psychiatric and social services for underserved populations.

This report focuses on the custody operations of the San Francisco Sheriff's Department beginning with intake of arrestees through their housing and care until their release and reentry to society. We are recommending that:

- 1) Communication between arresting officers, Sheriff's Department staff, and Jail medical staff be improved by developing and implementing signed custody transfer cards, "share the arrest" records, and medical information tracking procedures.
- 2) Mental health services be expanded including staffing Jail Behavioral Health Services 24/7, and therapy be provided in a co-facilitator model.
- 3) Sheriff's Department expedite hiring of new Deputies to reduce overtime, and negotiate with the Chief of Police to find additional rotational opportunities for Deputy Sheriffs.
- 4) A part time pool of retired or extra-help deputies should be maintained for coverage of personnel absent due to short term illness, professional development, and vacation time.
- 5) Training in crisis intervention and suicide prevention be provided and updated for all personnel who regularly interact with inmates.
- 6) Clear contact information should be available for family or friends to inquire as to the status and well being of recently incarcerated loved ones and to provide medical and psychiatric history to improve custodial care. This enhanced service should be promoted on the Sheriff's Department website and other appropriate venues.
- 7) The Sheriff's Department should work with SF Open Data to provide data about jail population demographics and outcome performance measures on the SF Open Data website (<https://data.sfgov.org/>).
- 8) A "warm handoff" be provided to all people with mental illness when they are released from jail so as to make continuity of care a reality. This means introducing a released inmate to a Case Manager who will be handling post-release treatment and community services.

INTRODUCTION

In accordance with California Penal Code Section 919b, the 2015-2016 Civil Grand Jury for the City/County of San Francisco inquired into the facilities, operations, personnel, and inmates of the San Francisco County Jail (CJ). The Jail System includes five jails presently in service and managed by the Custody Operations Division of the San Francisco Sheriff's Department. As we examined the jails, our focus was on mental health and reentry services, suicide prevention and general safety.

In May 2016, the San Francisco Budget and Legislative Analyst's Office released a report on "Jail Population, Costs, and Alternatives", which traced the recent historical background for the rise in incarceration of the mentally ill:

Nationally, the number of individuals who are mentally ill and incarcerated in local jails has been on the rise. According to national public health officials and researchers, the rise in mental illness in the jails started with the closure of state and private psychiatric hospitals. While the closure of the state psychiatric hospitals was intended to allow patients to return to their families and live 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. This national trend of a growing mental health population cycling through the jails is also evident in San Francisco.¹

For bringing unique educational opportunities into the San Francisco Jails, Harvard University recognized the Five Keys Charter School, a way for inmates to earn a high school diploma, with its Innovations in American Government Award and a \$100,000 grant to build-upon its success.² Much of the grant was used for helping inmates to build and sustain family relationships while incarcerated.

However, the positive work of the Sheriff's Department was overshadowed by several events during 2015 that dismayed residents and raised concerns about the then-Sheriff's judgment. We summarize a few incidents below:

- Early in 2015, the father of an inmate reported to the Public Defender that Sheriff Deputies were forcing his son and others in Jail #4 located in the Hall of Justice to

¹ Policy Analysis Report on Jail Population, Costs, and Alternatives, May 25, 2016, pg. 10-11 <http://www.sfbos.org/Modules/ShowDocument.aspx?documentid=56029> pg 10-11 [hereafter cited as Policy Analysis Report on Jail Population, Costs, and Alternatives]

² Harvard Kennedy School, Ash Center for Democratic Governance and Innovation, September 17, 2015 newsletter, <http://ash.harvard.edu/news/new-york-san-francisco-named-winners-harvards-2015-innovation-american-governme-nt-award>

engage in gladiator-style fights.³ In March 2016, the District Attorney filed charges against three deputies accused of staging the fights and betting on them.

- On July 3, a suspect arrested for randomly shooting and killing a San Francisco resident had just been in custody in the San Francisco Jail only a few hours before. Some community members questioned whether the (former) Sheriff should have taken him from immigration custody for an old local warrant. Others questioned why the Sheriff instructed his staff not to honor requests from Immigration and Customs Enforcement (ICE) to detain him for violating orders of deportation. Since then, the new Sheriff worked with the Board of Supervisors on a revised policy that meets the City's goal of protecting undocumented residents. It gives discretion for the Sheriff to notify immigration agents if the inmate had a violent or serious felony conviction in the past seven years or three or more lesser felonies arising from different events in the past five years.
- On July 28, an inmate arrested a few days earlier for allegedly violating a stay-away order committed suicide in jail. His family had expressed that he was suicidal; in fact, he was picked up near the Golden Gate Bridge, a common place for suicide attempts.

In addition to these events, we also noted the overarching effects of recently implemented law, the rapid deterioration of San Francisco County Jail #4, and the crisis in the delivery of public health and social services outside of the jails.

Assembly Bill 109 (AB109), the state prison realignment bill signed in 2011, requires those convicted of non-violent, non-sexual felonies to serve their sentences in the county jail instead of state prison. Proposition 47 (Prop 47) was passed in 2014 and reduced from felony to misdemeanor several classifications of property crime and drug possession, largely changing the police response to these crimes to field citations. The combined effect of AB 109 and Prop 47 is to significantly reduce the population of low level offenders and to increase the percentage of felony-convicted inmates. In a May 25, 2016 report⁴ the Budget and Legislative Analyst's office reported that 88% of unsentenced inmates were charged with felonies.

The crises in public health and social services has made the Jail an unintended provider of psychiatric and social services for the mentally ill and the homeless -- services the jail has neither the capacity nor the mandate to provide. This increase of mentally ill and homeless inmates in need of health, psychiatric, and reentry services further depletes the resources of the department.

San Francisco Law Enforcement Has Few Options for People in Mental Health Crisis

A June 2016 concept paper, describing a proposed Behavioral Health Criminal Justice community residential treatment center for the mentally ill who interact with the criminal justice

³ Ho, V. (2016) San Francisco Chronicle "17 Counts for Accused leader of San Francisco Jail 'Fight Club.'" San Francisco Chronicle. March 1, 2016.

<http://www.sfgate.com/crime/article/17-counts-for-accused-leader-of-San-Francisco-6863736.php>

⁴ Policy Analysis Report on Jail Population, Costs and Alternatives, pg. 4

system, notes that the San Francisco Police Department has very few options other than the jail for people in mental health crisis:

In the three-month period between December 2015 and February 2016, the police department received a total of 5,013 calls involving people in mental health crisis. In fact, the San Francisco Chronicle has reported that 80 percent of calls to police involve individuals with mental illness. San Francisco has limited options for law enforcement who encounter persons in the throes of a mental health crisis. When a person commits a minor crime and also suffers from mental illness, officers do not have a workable avenue or option for diverting people out of the criminal justice system.⁵

The homeless and mentally ill are a challenging population for the jail – most arrive with multiple issues, arising from non-compliance with medical and psychiatric care provider appointments and medications, inadequate housing, the allure and ease of access to addictive street drugs, and neglect of chronic medical issues. Medical and psychiatric triage at the intake Jail (CJ #1) refers the most severely afflicted suspects to medical or psychiatric emergency services at Zuckerberg San Francisco General Hospital before they are booked into jail. At any given time around 6 to 8 percent of inmates booked into the jail are housed in the jail infirmary at CJ #2. Most of these inmates are receiving treatment to stabilize acute psychiatric conditions, such as psychosis, bipolar manic episodes, clinical depression, drug-related paranoia, suicidal ideation and the effects of detoxification from substance abuse and other medical issues. It is not a healthy population.

According to the Sheriff's Department, the total jail population is approximately 1,270 inmates. A very high percentage—91.5 percent of the daily inmate population—are maximum or medium security. Perhaps the most striking statistic of all is that less than 20 percent of the inmates have been convicted of a crime: 83 percent of the inmates are unsentenced, i.e. awaiting trial. In the law's eyes, they are still innocent until proven guilty.⁶

Most “low-level offenders” brought to the jail for booking are cited and released if eligible (crimes causing bodily harm are not eligible) or are soon released on bail or on “own recognizance” (O.R.). The Sheriff keeps someone in jail until a judge decides where that person goes. Sometimes a judge will refer a defendant to public agencies instead of jail, but the defendant remains in jail until an agency bed becomes available. Persons who are being held in jail in San Francisco currently wait an average of 120 days for a bed in a community-based residential treatment program after they are deemed clinically stable and appropriate for placement.⁷

⁵ C. Haney, et al., “Justice That Heals: Promoting Behavioral Health, Safeguarding the Public, and Ending Our Over-reliance on Jails”, June 2016 (hereafter Haney 2016)

⁶ Ibid, pg. 1

⁷ Ibid, pg. 2

We were told most of the people detained at the jail need to be in jail for public safety. We were told, “Detention of the dangerous is a reality.”

The population in jail has changed over time. The San Francisco County Jail was built to hold prisoners for up to one year, yet some prisoners have been in the jail for up to six years. However, the average length of stay is 37 days for the general inmate population and 66 days for behavioral health service inmates receiving psychotropic medication.⁸

Facilities contribute to the solution and the problem

Overall, our investigation of the jails found that the newer facility at San Bruno (CJ #5) meets modern standards and addresses recidivism through robust programs and educational opportunities. The Five Keys Charter School provides a pathway for inmates to earn a high school diploma.

We noted that mandatory overtime for custody staff is an ongoing problem, ostensibly required to meet minimum staffing requirements. We also found that many, if not most, of the staff at the jails are professional, dedicated, caring, and persistent under sustained duress. This includes the teachers, counselors, and healthcare providers who work in the jails. Many of them chose to work with inmates because they wish to make a difference. There is a feeling of camaraderie among the staff. They express disappointment when inmates finish their sentence only to be released without access to the services offered inside the jail.

Unlike CJ #5, when we visited CJ #4, we found substandard conditions for both the inmates and the staff expected to monitor them, feed them, and offer services. However, at the time we were anticipating that a new jail would alleviate the problems. When the Board of Supervisors rejected an \$80 million grant to partially fund construction of a new jail facility, one option for improving the situation was no longer available.

According to our interviews, the Board of Supervisors’ December 2015 decision not to provide \$215 million in funding for a new facility was a hard blow to morale in the Sheriff’s department. It had been in planning over the previous five years and was expected to replace the current Hall of Justice including CJ #4.

A Jail Replacement Project Working Group with the Sheriff and the Director of Health as co-chairs has been established after the Board of Supervisors passed a resolution urging the formation of this group on January 12, 2016. There have been four meetings through June 2016, and the group expects to finalize recommendations by the end of the year.⁹

One concept submitted to the Working Group proposes a four-tier Behavioral Health Justice Center which, among other things, would provide a secure (locked) short-term treatment facility

⁸ Ibid, pg. 16

⁹ Jail Replacement Project Working Group, <https://www.sfdph.org/dph/comupg/knowlcol/jrp/default.asp>

for inmates with mental illness who are transitioning to placement in community-based residential treatment programs.¹⁰

We begin this report into the conditions and operation of Custody Operations of the San Francisco Sheriff's Department with respect and admiration for members of the Sheriff's Department, Custody Operations division, Jail Health Services, and Jail Behavioral Health and Reentry Services provided by HealthRight 360. They are doing a remarkable job in spite of the challenges they face.

¹⁰ Haney 2016

OBJECTIVES, SCOPE and METHODOLOGY

Objectives

Our objective was to evaluate the Custody Operations and Mental Health/Psychiatric Services in the San Francisco Jail System in relationship to supporting inmate needs, preventing suicides, and assuring the safety of inmates and staff.

This report focuses on what happens at the San Francisco Jails after people charged with criminal activity are brought to the Jails by police agencies or sentenced to the jail by the courts.

We look into the interaction of the Sheriff's Department staff, the Jail Health Services and the Jail Behavioral Health and Reentry Services as they cooperatively seek to provide safe conditions for people brought to the Jails for criminal activity who may be mentally ill.

The primary goal of this report's recommendations is safety – for the community, for the inmates, and for the Jail's staff and visitors. Inmates with mental illness are to be stabilized, provided treatment, and made ready for community release.

Scope

The scope of our inquiry is limited to the Custody Operations Division of the Sheriff's Department and its relationship to the Jail Health Services Division of the Department of Public Health and HealthRight360 (HR360),¹¹ a contract provider of behavioral health and reentry services in the San Francisco Jails.

We note that a previous (2013-2014) Civil Grand Jury report focused on injury, illness and overtime in the Sheriff's Department and on the Five Keys Charter School, which we comment on briefly in this report.

We did not inquire into any divisions of the Sheriff's Department or the Department of Public Health other than those mentioned above. In particular, we did not review recent news of unresolved internal affairs cases.¹² Instead we explored how training and rotation of deputies might help prevent their participation in egregious conduct, such as that described as “gladiator fights.”

While we spend a lot of time discussing how the San Francisco Jails treat people with mental illness, this report does not deal with the larger issues of the mentally ill in the overall criminal justice system, including the police and the courts.

¹¹ <https://www.healthright360.org/>

¹² <http://www.sfexaminer.com/paper-bag-incomplete-internal-affairs-cases-discovered-sheriffs-office/>

Methodology

The methodology for this inquiry included site visits and interviews with custody staff, medical providers, and inmates, performed between July 2015 and June 2016. Our first site visit was a general orientation to custody operations in the Jail System. We subsequently returned to each facility for more extensive observations and interviews with inmates, custody personnel, counselors, medical providers, and food service workers. Additionally, we reviewed current literature and media reports pertaining to custody operations and mental health and suicide prevention in custodial institutions. We relied particularly on the United States Department of Justice Memoranda of Understanding with the Los Angeles County Sheriff's Department as a guide to preferred or best practices in management of jail operations. We also looked at best practices around the country and as described in research.

BACKGROUND

Organizational Structure and Roles of Personnel

The San Francisco County Jail is an adult detention facility managed by the Custody Operations Division of the San Francisco County Sheriff’s Department. Custody Operations receives and books inmates into the jail from arrests made by its own deputies and other arresting agencies including:

- San Francisco Police Department
- Other Sheriff Departments in the surrounding counties
- BART Police
- California Highway Patrol
- University of California Police
- Federal Protective Services
- Federal Bureau of Investigations

When an individual is booked into the jail, custody is transferred from the arresting officer/agency to the San Francisco County Sheriff’s Department. Inmates may be in the jail for only a short time if they are released at arraignment. If ordered by the court, an inmate is held in custody until trial and to complete a sentence, if found guilty.

The San Francisco County Jail System (CJ) includes the six facilities in Table 1 below and Wards 7D and 7L at Zuckerberg San Francisco General Hospital. Because CJ #3 and CJ #6 are closed, the number of available rated beds is 1436. CJ #3 was closed several years ago as a first step to preparing the seismically-unsafe Hall of Justice for tear down. Since 2010, CJ #6 no longer houses inmates because it is a minimum security facility without individual cells or safety cells. It would require major renovations and increased security staffing to make it suitable for enough of the current inmate population to justify the cost. Also, the location adversely impacts inmate access to legal counsel, Adult Probation assessments, and visits from family and friends.

| 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

Table 1: San Francisco Jail Facilities

Table 2 below shows the general organization of personnel in the jail and the role that they have in jail operations. The custody operations officers are responsible for control and safety. Custody operations classifies each inmate as low, medium, or high risk, determines where in the Jail System the inmate will be housed, and coordinates transportation of the inmates through and between facilities. Jail Health Services is a division of the San Francisco Department of Public Health whose personnel include doctors, nurses, and medical assistants. Nurses from Jail Health Services are responsible for “Pill Call,” i.e. the dispensing of prescription medications to inmates at the appropriate times. CJ #2 and CJ #5 have comprehensive infirmaries where care providers see inmates for a wide range of medical and wellness needs. HR360, a large not-for-profit social and health services agency contracted by the Department of Public Health, provides behavioral health and reentry services including interviewing inmates as they enter the system in CJ #1, completing treatment plans for inmates identified for risks, and providing individual and group therapy. Education programs in the San Francisco Jails are offered through the Five Keys Charter School and are operated as a sub-entity of the Sheriff’s department.

| Custody Operations SF Sheriff’s Department | Jail Health Services SF Dept. of Public Health | Behavioral Health & Reentry Services HR360 |
|---|--|---|
| <ul style="list-style-type: none"> ● Maintain a secure facility ● Inmate classification, housing, safety, control and discipline ● Coordinate visiting hours and attorney meetings | <ul style="list-style-type: none"> ● Triage at CJ #1 ● Operation of medical clinics in CJ #2, #5, and 7D/7L ● Patient care, health education, clinic visits, and specialty visits in SF General | <ul style="list-style-type: none"> ● Intake interview and Risk assessment at CJ #1 ● Mental Health Treatment Planning ● Individual and Group Therapy |
| Transportation of inmates within and between jail facilities and to court | Pill Call | <ul style="list-style-type: none"> ● Reentry planning and services ● Arrange continuity of care post release |
| Provides Programs and Education, <u>Five Keys Charter School</u> . | | |
| Oversees food services and other contractors | | |

Table 2: Roles in San Francisco County Jails, compiled by Civil Grand Jury

GENERAL DISCUSSION

A. Jail Intake: Transfer of Custody

DISCUSSION

Arresting agencies bring an apprehended person to CJ #1 for intake processing. The arresting officer stays with the arrestee until he is medically cleared for booking into the jail. Arresting officers and arrestees wait outside the jail until it is their turn for intake processing. If the wait will exceed 20 minutes, a second triage nurse station is opened.

The first stop is for medical triage by a triage nurse, employed by the Department of Public Health (DPH). This occurs in the presence of the arresting officer. We were told the majority of arrestees have medical issues. The triage nurse first determines if the person at intake is healthy enough to be in the jail. If not, the arresting officer must take the arrestee to the hospital and later return him to the jail for booking (unless the medical problem is so serious that the arrestee must be transported by ambulance).

We were told by a high level medical official of transporting officers warning arrestees not to talk to the triage nurse about medical problems because “it will slow things down.” The arrestee may be told “If you keep quiet, you will get cited out, and we both can leave.” This concerns us, since much of the medical interaction with an inmate-patient is predicated on the patient’s self-provided medical history.

We were also told of arresting officers citing and releasing arrestees deemed medically unstable by the triage nurse rather than taking the arrestee to an emergency room. We learned of the phrase “catch the fish, clean the fish” which summarizes the requirement that the transporting officer maintain responsibility for an arrestee, including sitting at the hospital until admittance or treatment and until the custody transfer into jail. Police officers we spoke with said that if a supervisor learned that an SFPD officer had dropped off an arrestee around the corner rather than going to Zuckerberg SF General Hospital, the officer could be fired. There currently is no jail procedure to notify the arresting officer’s supervisor of the triage decision in this situation.

If recommended by the triage nurse, there will be an in-depth medical examination by another DPH nurse, in a semi-private room, one on one. This second nurse will verify the patient’s medications. If the arrestee has a DPH medical history in San Francisco, the nurse will have restricted access to his computerized medical record – only Jail Health and Jail Behavioral Health have access, not the custody staff. The nurse will ask the arrestee to fill out a Release of Information form for any other treatment facilities that provided previous care. The nurse will also ask the arrestee about any psychiatric conditions. We were told that intake should also get contact information about an arrestee’s Case Manager (if any) and family or friends who may have information about therapeutic medications.

Almost two-thirds (64%) of jail inmates across the country have mental health problems. Thirty-five to forty percent of individuals detained in the San Francisco Jail receive care from Jail Behavioral Health Services.¹³

While there are many ways to obtain an estimate of the rate of prevalence of serious mental illness (SMI), the Federal Substance Abuse and Mental Health Services Administration estimates that 4-5 percent of the general U.S. population has a SMI diagnosis, while 14-24 percent of the individuals with criminal justice involvement have an SMI diagnosis.¹⁴

At any point in this medical triage process, if concerns arise, anyone on the custody or medical staff can refer an arrestee to Jail Behavioral Health for an assessment. If Jail Behavioral Health staff are on duty in CJ #1, the inmate will be seen right away; if not, the inmate will be seen the next day. The psychiatric staff determines if an inmate is mentally ill. These assessments are conducted one-on-one and take about an hour. We were told that about half of those evaluated at intake have no follow-up, either because none was indicated or the person was released soon from jail.

The Jail custody staff will then prepare a housing card indicating the inmate's assignment to one of the jail pods, including an administrative segregation pod for those who might cause problems or need protection from others in the general population. If an inmate is deemed a potential danger to himself, but is not in a psychiatric emergency, he will be assigned to C Pod in CJ #2 for observation. Some of the information on the housing card may come from the arresting officer, and the arresting officer may share the information with the triage nurse. However, at the time of intake, the Sheriff's Department staff does not have access to the arresting agency's record of the current arrest.

We were told that each person booked into the jail has an accompanying Field Arrest Card. The Jury learned that the US Department of Justice (US DOJ) Agreement with the Los Angeles County Sheriff's Department recommends a custody transfer card as a best practice. The custody transfer card describes the circumstances of arrest and identifies any areas of medical or psychological trauma or distress. The arresting officer completes and signs the card and provides it to the triage nurse. The purpose of the card is to assist jail staff to appropriately assess and classify the inmate. As noted in the Department of Justice Guidelines, the jail entry screening process creates safer facilities for jail staff and inmates (and also protects the County from costly litigation).

In 2015, a death in custody occurred in the San Francisco County Jail. Pending litigation may ascertain whether the Field Arrest Card informed jail staff of the inmate's suicidal disposition and the fact that he was arrested near the Golden Gate Bridge, a common location for suicide attempts. Family members purportedly called to warn the staff that the inmate was suicidal. Even though an inmate is entitled to three local telephone calls, he may not realize the importance of notifying his family and/or friends of his situation. The inmate handbook does not currently spell out the importance of this or what phone number the inmate should give to his important

¹³ Haney 2016. This report notes that the San Francisco Jail is the largest mental health facility in the county.

¹⁴ Policy Analysis Report on Jail Population, Costs and Alternatives, pg. 13

contacts. As the National Alliance on Mental Illness (NAMI) notes: “It is critically important for family members to inform custody officials as soon as possible about their family member’s history of mental illness and his or her specific treatment.”¹⁵

Complete information provided to the jail about an inmate’s circumstances and medical and mental state of being results in a safer environment for the inmate, other inmates, and deputies and other jail staff. Complete information has the potential to save lives.

FINDINGS

- F.A.1. There is currently no jail procedure that accounts for those arrestees referred for hospital care before being booked into the jail.
- F.A.2. Arrestees and their arresting officer may not not always understand the importance of full disclosure of medical history.
- F.A.3. When an arresting agency brings an arrestee to the Jail for intake, there is a field arrest card.
- F.A.4. Although the Sheriff has access to multiple criminal data bases, the arresting agencies do not necessarily share arrest records with the Sheriff’s custody staff at the time of custody transfer.
- 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.
- 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.

RECOMMENDATIONS

- R.A.1a. 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.
- R.A.1b. SF Police Chief and Sheriff should revisit their MOU regarding transport and custody transfer.
- R.A.2. In the interest of obtaining a more complete medical history, the Sheriff and the Director of Health should review and revise if necessary current intake policies and practices to encourage Intake staff to obtain information by appropriate means

¹⁵ <https://www.nami.org/>

concerning the arrestee's Case Manager (if any), and family or friends who may have information about the arrestee's medical history and therapeutic medications.

- R.A.3. The Sheriff should review current Field Arrest Card content and procedures to assure that best practices are employed, and information necessary for the health and safety of the arrestee and jail personnel is communicated in writing. Information should include circumstances of arrest and any observations or concerns the arresting officer may have about the medical or psychiatric condition of the arrestee.
- R.A.4a. By early 2017, the Sheriff should implement a policy and procedure requiring arresting agencies to provide a digital copy of the arrest report, including charges and a description of the arrest, within six hours of the transfer of the arrestee.
- R.A.4b. Once the "share the arrest record" process of R.A.4a is in place, the Sheriff should require all arresting agencies to comply with the process.
- 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.
- 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.

B. Facilities

DISCUSSION

San Francisco CJ #4, located on the 7th floor of the Hall of Justice at 850 Bryant Street, is the City's maximum security facility with a capacity of 402 inmates. CJ #4 has an industrial size kitchen where meals are prepared for its inmates and also those of CJ #1 and CJ #2 at 425 7th Street. In addition, CJ #4 has a full scale laundry facility with capacity to serve about 850 inmates. Built in the 1950's, CJ #4 is linear design (Fig. 1 upper) and part of the Hall of Justice complex that was declared seismically unsafe 12 years ago. As the maximum security facility within San Francisco's Jail system, its inmates and those in the maximum security psychiatric section also in that jail may be considered dangerous and a risk to the public's safety.

Contrast this with the circular style of housing at CJ #5 in San Bruno (Fig. 1 lower). There, guards in a central command area at the "focus" of the circle can monitor many more inmates without moving from their station, and inmates have common areas for eating, socializing and participating in programs designed to prepare them for release and reentry.

The conditions in the kitchen in CJ #4 caused us great alarm during our site visit in December 2015. We learned that three large boiler units for food preparation were out of commission due to plumbing leaks, which impacted lower floors in the building. The tray dishwasher had been out of operation for more than a year. Hot water faucets did not work, so inmates were required to carry hot water into the kitchen in large containers. Because of the lack of hot water and dishwashing equipment, the risk of illness arising from the 750 meals for inmates and deputies prepared three times a day was high. On our return visit to CJ #4 on June 15, 2016 we found a very large kitchen in the midst of a remodel, with repaired tables, patched floors, a neat and clean room, a properly working dishwasher and much brighter lighting than before. Upon opening the faucet, hot water ran freely from the spout. Restoring hot water and dishwashing equipment reduced our concern for food safety at CJ#4, but did not address the issues of seismic safety or the changes that would need to be made to turn this into a place that promotes rehabilitation.

We also observed in December that the old keyed lock to the laundry room in CJ #4 was no longer working properly. We saw a Deputy Sheriff try many old keys multiple times before getting one to open the lock. Since fires frequently start in laundries, this maintenance issue could have disastrous consequences. According to the National Fire Protection Association website,¹⁶ in a single year, an estimated 16,800 U.S. non-confined or confined home structure fires involving clothes dryers or washing machines resulted in 51 civilian deaths, 380 civilian injuries and \$236 million in direct property damage. At our return visit in June, while the laundry room lock was working properly, we heard that there are many old locks throughout the facility. When they jam, which occurs frequently, an outside locksmith is called to fix the problem.

¹⁶ <http://www.nfpa.org/public-education/by-topic/safety-in-the-home/dryers-and-washing-machines>

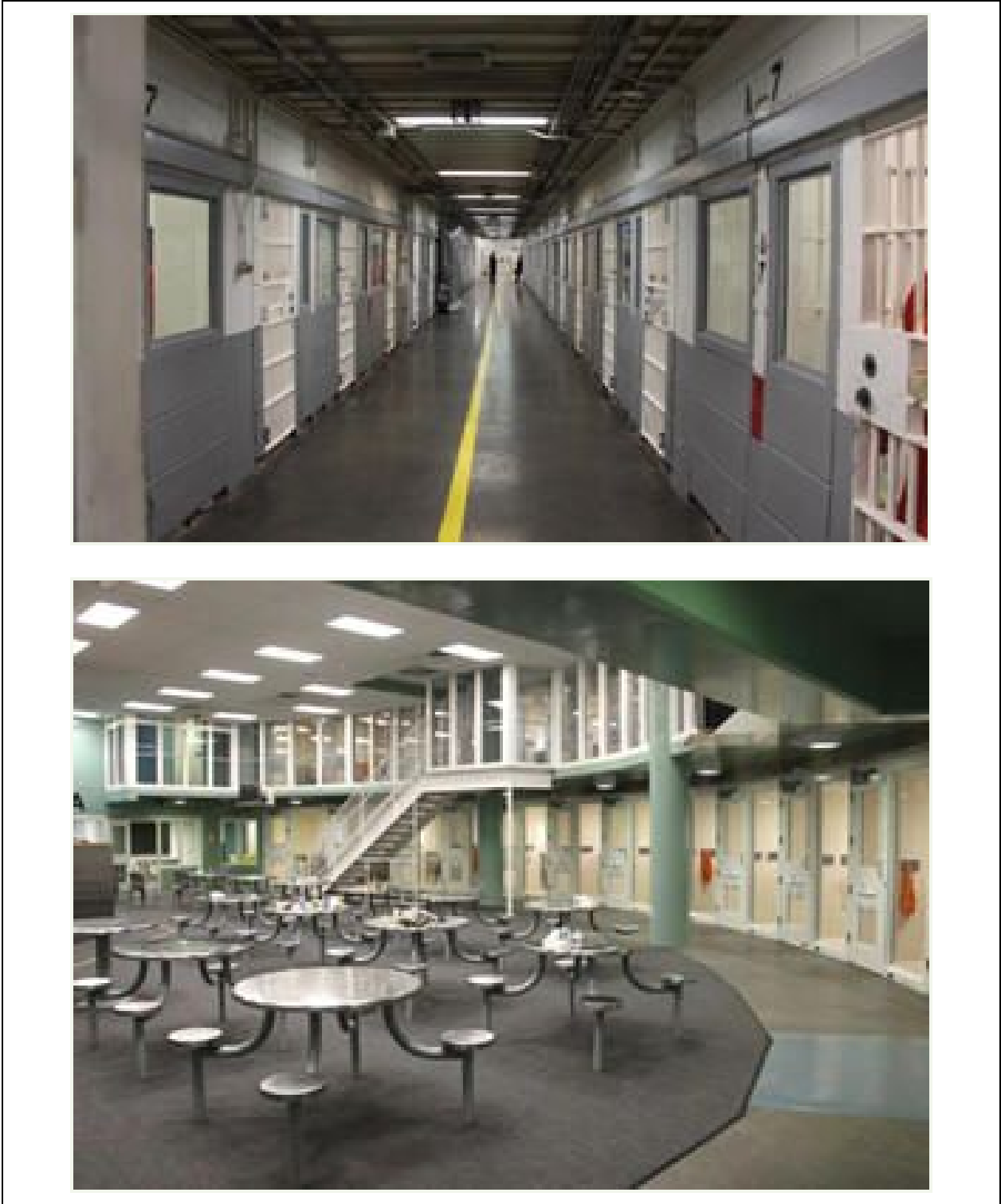


Figure 1: Two Housing Styles in SF County Jails - linear (upper) and pod (lower) design

FINDINGS

- F.B.1. In CJ #4, old locks jam frequently, causing safety concerns. Other maintenance issues continue to arise.
- F.B.2. Ending use of CJ #4 would also require finding a new kitchen and laundry facility for CJ #1 and CJ #2.

RECOMMENDATIONS

- R.B.1a. The Sheriff should prepare a supplemental budget request for funds to immediately address problems with old locks at CJ #4 and any other remaining serious maintenance issues;
- R.B.1b. 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; and
- R.B.1c. The Board of Supervisors should approve the Mayor's supplemental budget request for funds to address the problems with old locks at CJ #4 and any other remaining serious maintenance issues.
- R.B.2. The Sheriff should make interim plans for replacing kitchen and laundry facilities for CJ #1 and CJ #2 by the end of 2016.

C. Operations - Housing, Suicide Prevention, and Related Information Sharing

DISCUSSION

Jails are not designed for mental health treatment:

Correctional facilities are fundamentally places of punishment and control, not treatment and rehabilitation. By necessity, security within a jail or prison is paramount, making it difficult to create and maintain an effective system of mental health care. By virtue of their very nature -- from their architectural design to the manner in which they are routinely operated -- jails and prisons tend to exacerbate mental illness.¹⁷

In reviewing the operations of San Francisco County Jails, we focused on housing, in-custody treatment of mental illness, suicide prevention, handling of medicines, and how websites could assist patients and their friends and family to learn about the available services.

Housing

As mentioned in the Background section, attempts to reduce the number of people in jail and to give people another chance to change their lives has resulted in minimum security criminals being diverted to programs outside of jail. This leaves as inmates those charged or convicted of serious crimes and increasingly those with mental illness that resulted in violent behavior. As the Haney article quoted above indicates, experts do not recommend jail for anyone with mental illness, but many treatment facilities will not take this type of patient. While any jail can be a destabilizing place, we were told that in our city, jails are relatively calm places, without the anguished disruption that may occur in other large urban jails.

The challenge is to find appropriate housing where inmates can receive the supportive services they need, including therapy. In San Francisco jails there are 163 beds for psychiatric patients, usually with 50 – 70 inmates on the waiting list. This includes three psychiatric shelter units – pods designed for the mentally ill with restricted access to “sharps” and hanging devices. At CJ #2, there are 15 beds and a padded cell in which an inmate can be held up to 24 hours for temporary psychiatric evaluation. At CJ #4, there are 32 psychiatric beds. At CJ #5, there are 96 beds designated for the mentally ill. Jail staff prefer not to house suicidal patients in Jail #4 if alternatives are available since the staff cannot easily monitor them. The “architectural design” of Jail #4 with its linear cells does not meet design standards set by the National Institute of Corrections,¹⁸ as there are no clear sightlines and the furniture and fixtures do not promote positive inmate behavior.

In each of the three locations with beds for psychiatric patients, the goal is to stabilize and move them to regular cells. When stabilized, the inmates get orange clothing and go to regular jail housing. For the most serious cases, patients under a 5150 (named for the State code that

¹⁷ Haney 2016

¹⁸ <http://nicic.gov/directsupervisionjails>

addresses patients of danger to themselves or others), there are rooms at Zuckerberg San Francisco General Hospital Ward 7.

Treatment of Mental Health Problems

Custody staff see inmates day after day. They are aware of an inmate's mental condition and can note changes in a prisoner's mental condition. They can be an inmate's advocate. We were told by a person with experience in jails and prisons across California that San Francisco's Jail System is a very "progressive" institution, with custody staff cooperating with the Jail medical and behavioral health staff. The custody staff is instrumental to the relatively good mental health conditions at the San Francisco Jails. Still, they face challenges in keeping the inmates safe from suicide and other risks.

As noted in the Background section, HealthRight 360 provides the behavioral health services for inmates, so it is called Jail Behavioral Health Services within the jail system. Most of Jail Behavioral Health Services's work in the jails is crisis management, assessments, and some group sessions. The Jail Behavioral Health Services staff has ongoing contact with about 35-40% of the jail population (approximately 450 to 500 inmates) for mental health problems ranging from dementia, developmental disability, behavioral management issues, self-harm as a dysfunctional way of coping, and high risk of suicide. Jail Behavioral Health Services sees its biggest challenges in the jail setting as the large number of people they serve and the complexity of the issues which can be acute or chronic and frequently concurrent with substance abuse.

Many inmates have a history of psychosis or depression, alcohol or substance abuse 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.¹⁹

Jail Behavioral Health Services staff noted that those inmates who are willing to get treatment often leave the jail with improved mental health. For conditions treatable with medications, they found that pills work about 25 percent of the time, with effectiveness increasing to 75 percent when coupled with therapy. Still, they find that about 25 percent of the time, there is no effective medication, including in cases where patients swallow dangerous items or substances. Unfortunately, those who are not willing to accept treatment in custody may leave jail in worse shape than when they entered.

Jail Behavioral Health Services staff also noted that with the development of diversion programs to keep people out of jail, people with mental illness who might have been arrested and treated in jail six or seven times a year for petty property crimes are now only arrested when their condition has deteriorated to the extent that they commit a more serious crime (i.e. hurting somebody). This can mean that a person has been out of jail for a year or longer without medications, so when he is back in jail, it takes much longer to stabilize him.

This creates a balancing act: patients who are out of jail too quickly may not have had time for their medications to take effect, while patients who are in jail too long tend to get worse rather

¹⁹ Policy Analysis Report on Jail Population, Costs and Alternatives, pg. 15

than better. Inmates with serious mental illness are incarcerated for longer periods of time (65 days) than the general inmate population (37 days).²⁰

The Jury learned that San Francisco’s Jail management and staff work with Jail Behavioral Health Services to try to achieve best practices and follow community standards rather than just meeting the minimum Title 15 standards.²¹ In this regard:

- Individual and group treatment is available.
- Patients under observation will be seen every 15 minutes, at staggered intervals, rather than every 30 minutes.
- Custody staff can make inmate referrals to Jail Behavioral Health Services.
- Inmates may fill out a “medical action request”.
- When an inmate is “sub-acute” (at high risk of self-harm but NOT actively suicidal), Jail Behavioral Health Services staff will see him five times a day.
- Reentry planning goes above and beyond the minimum (see section E).

Suicide Prevention

We were especially interested in the challenge of preventing suicide at SF jails. We noted multi-language suicide risk flyers in each unit and were told that the Inmate Suicide Prevention instructions prevent 15 to 20 suicides annually. According to the United States Department of Justice Bureau of Justice Statistics, suicide has been the leading cause of inmate death in jails nationwide since 2000. The suicide rate among convicted jail inmates (12 per 100,000 jail inmates) is *lower* than the rate among the general population outside jails (13 per 100,000 people). But the suicide rate among unconvicted jail inmates – those who are deemed “innocent until proven guilty” – is an astonishing *seven times higher*: 86 per 100,000 inmates.²² As noted in the Introduction, at least 83 percent of the inmates in SF Jails have not yet been convicted.

Each Jail has a Captain and a Nurse Manager who meet regularly with Jail Behavioral Health staff. As many as 200 persons in the jail may be considered at-risk, including repeat offenders who are cutters or have ingested foreign objects. We were told there is a HIPAA exception that permits medical information sharing with custody staff in the jail setting. Use of codes on an inmate’s Housing Card is one method of sharing information.

We were told that a high-risk time for suicide attempts is the first 72 hours in jail. Accordingly, everyone in CJ #2 – custody staff and medical staff – considers every new inmate to be on “Suicide Watch” 24 hours a day.

Jail Behavioral Health and custody staff must cast a wide net when dealing with suicide risks, since prediction tools do miss people at risk (especially the quiet ones). “Para-suicidal” is a term used by custody staff to describe inmates who game the system by threatening suicide to gain

²⁰ Ibid, pg. 16

²¹ CA Code of Regulations Title 15 Crime & Corrections
http://www.cdcr.ca.gov/regulations/adult_operations/docs/Title15-2015.pdf

²² Brent Staples “Preventing Suicide in America’s jails”, New York Times, August 10, 2015

attention or transfer to observation areas. This can create a misuse of resources when available observation space is taken up by prisoners who are there by choice rather than necessity. Because of the difficulty of distinguishing between inmates who are true suicide risks and para-suicidal inmates, all threats are taken seriously.

If custody staff finds an inmate at risk, he could be placed in a “safety cell”, where the walls are softer than concrete although we were told that the safety cell is not used much. The custody staff could also immediately place an inmate with acute psychotic behavior (e.g., cutting) in a restraint chair and get medical staff clearance after the fact. Another option is to wrap the inmate in a Ferguson garment, colloquially called an “Oven Mitt”.

The bottom line is described by Dr. Terry Kupers, an expert at UC Berkeley’s Wright Institute of Psychiatry who has spent 40 years interviewing prisoners.

The oversubscribed mental health staff try to fulfill their professional duty. They may try focusing their energies on the “major mental illnesses,” including schizophrenia, bipolar disorder, and major depressive disorder. Or in some states a decision is made to provide a larger “case load” by using psychotropic medications only. Or there is a tendency, advocated by no one in particular, to lock up the most seriously disturbed prisoners in some form of isolative confinement, usually punitive segregation but occasionally protective custody (which too often also happens to be an isolative confinement unit).²³

To address mental illness in the jails, Dr. Kupers advocates community mental health and substance abuse programs, since his research shows that when individuals suffering from serious mental illness are incarcerated, they have higher recidivism and parole-violation rates. To reduce or even eliminate inmates with mental illness, he recommends a community mental health model in corrections that requires a spectrum of treatment modalities at different levels of intensity. As he says, “There needs to be sufficient screening, assessment, outpatient, inpatient, crisis intervention, intermediate care, and case management for the population being served. Clinicians need to form trusting therapeutic relationships with prisoners suffering from mental illness.”²⁴

While the San Francisco Jail System appears to be working towards this model, the Jury recommends both improvements in the coordination of mental health care in the jails and improvements of reentry planning (as described in Section E of this report).

Inmates do commit suicide despite the preventative efforts of staff. In those cases, there is an investigation involving representatives from the Sheriff’s Department Internal Affairs, Jail Health, Jail Behavioral Health, SFPD Homicide Division, and the Coroner. The investigators do not share their conclusions until all reports are finished. Then the independent reports are shared

²³ Terry A Kupers, A Community Mental Health Model in Corrections”, Stanford Law & Policy Review, Vol 26

²⁴ Ibid, pg. 129

among investigators. There are interim “HotWash” informal reviews – a discussion among the people involved in a suicide event.

State law require “Mortality and Morbidity” reviews, an in-depth analysis of incidents, as an “after-action” review. The SF Jail Custody staff and Jail Behavioral Health recently began using a “Root Cause Analysis” method, asking “What contributed to this adverse event?” We were told the goal is to get to the core of systemic problems by focusing on the how and why, and not point fingers by asking who? The review tries to identify what was missed, and what could be done better, and then apply these lessons going forward with revised policies and protocols. The M&M report goes to Jail Behavioral Health’s Continuous Quality Review, which analyzes for any program changes and makes implementation recommendations.

We were told of several changes made in recent years as a result of these review processes:

- Elimination of bag lunches in certain areas, to prevent suffocation;
- Provision of special non-tear clothing and blankets and small towels;
- Provision of shoes without laces.
- New code “Do Not House Alone” to ensure that suicidal-risk inmates have a cellmate at night (usually inmates look out for other inmates). Jail Behavioral Health Staff must see the patient before custody staff can remove a “Do Not House Alone” code.

Handling of Medicines

Another risk is the diversion of prescription medications from the intended use for particular patients to their use as “high value” currency in the jail. We were told that no matter how hard staff work to ensure that inmates swallow their medicine while someone is watching, they still encounter cases where narcotic opioid pain medications are hidden and exchanged later. Longer term, medical staff are taking into account the research showing a reduction in prescription of drugs would be beneficial, especially if more therapy is offered instead.

Use of website to improve communication with contacts outside the jails

Besides looking for challenges and risks, the Jury looked for ways that outsiders - friends, family, and volunteers - could assist inmates, especially those with mental health needs. We found a model on the Cook County Sheriff’s Department website and compared that model with the San Francisco Sheriff’s Department website at <http://www.sfsheriff.com/>.



Figure 2: San Francisco County Sheriff's Homepage. Accessed June 12, 2016

As of June 12, 2016, the first (and only) mention of mental health issues at the jail was about two thirds of the way down the opening page, as the twelfth link under "PROGRAMS": "Behavioral Health and Reentry Programs." That link is to a four-page description of the Jail Health Services Behavioral Health and Reentry Programs, with a revision date of 6/23/14. Visitors to this site find information about the Mission Statement and descriptions of the two programs: Behavioral Health Program and the Reentry Services Program. Referrals for service from outside the jail may be made by calling Jail Health's Administrative Office (415-995-1700). No other contact phone numbers are listed.

The Jury set out in June 2016 to see how the Sheriff Department's website link to Behavioral Health connects people to mental health services information and service providers. As a test, a CGJ juror called 415-995-1700 at 6:30 pm on a Saturday night in June 2016 and again during business hours at 10:45 am on a Wednesday in June 2016. In both cases, the caller reached a recorded message that was spoken very quickly and was difficult for a native English speaker to

understand, even after multiple replays. (The message should be re-recorded much more slowly.)
The substance of the recorded message was:

- You have reached Jail Health Services;
- We are either on the phone or away from our desk;
- If this is an emergency, hang up and dial 911;
- If you are seeking information on a person in custody, dial 415-553-1430.
- Otherwise, leave a message, which will be confidential.

Calling the 415-553-1430 number led to a recorded message from the San Francisco Sheriff's Department County Jails. The substance of this message was:

- If this is an emergency, hang up and call 911;
- Go to www.sfsheriff.com for information on the internet
- Enter the number for your preferred language (message given in English, Spanish and Chinese);
- Press numbers 1 through 8 for various options about prisoner assistance (none related to mental health services information).

A better approach would be to provide after-hours callers with a 311 option. SF-311 serves as a portal to City services and communications, It is staffed 24/7 with live operators, and also provides a companion website at SF311.org (as well as a smartphone app). The live 311 operators use scripts that are created in partnership with the agency involved.

As a possible model for the Sheriff's website, the Jury found the Cook County, Illinois Sheriff's Department website (<http://www.cookcountysheriff.org>) which takes a very informative approach by prominently describing mental health issues, services and advice regarding detainees.



Figure 3: Cook County Illinois Sheriff’s Department Home Page, Accessed June 12, 2016
 Notice the page has a significant focus on assisting inmates, past and present, who need to receive mental health services.

The Jury also noted that Open Data SF is an initiative of the City to be more transparent in its operations. Since the Sheriff’s Department already prepares data on jail population, daily bookings and releases, demographics, recidivism, inspection reports, operating costs, spending per inmate and a number of other variables, we believe that the public would be served by including this data on the website.

FINDINGS

- F.C.1. CJ #4 lacks suitable space for observation and treatment programs.
- 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.
- F.C.3. Drug diversion is a serious issue in the Jail.
- 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 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.
- 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.

RECOMMENDATIONS

- R.C.1. The Sheriff and the Director of Health, through the Jail Replacement Project Working Group, should find a new/replacement facility where CJ #4 inmates can be housed and receive appropriate treatment programs.
- R.C.2a. 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 2017-18 budget request.
- R.C.2b. The Mayor should include the Sheriff’s request for funds for this purpose in his proposed budget; and
- R.C.2c. The Board of Supervisors should approve the amount for 24/7 staffing when the budget reaches them.
- 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.
- R.C.4a. The San Francisco Sheriff should update the Department’s website to provide additional information about mental health issues concerning those detained in jail, using the Cook County, Illinois Sheriff’s Department website (Figure 3) as a “best practices” guideline.

- R.C.4b. The Sheriff should also, in cooperation with the Department of Administrative 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.
- R.C.5. The Sheriff's Department should provide jail data for inclusion on the Open Data SF website.

D. Personnel and Training

DISCUSSION

The Sheriff's Department has a command staff including the Sheriff and Under Sheriff, Chief Deputies in charge of each of the four divisions, and Captains. There are approximately 70 supervisors with ranks from Senior Deputy through Sergeant and Lieutenant. There are approximately 500 Deputies in the Custody Division, who care for around 1240 inmates. The medical staff includes 161 employees. As noted in the Introduction, throughout the Jury investigation, we found that everyone we interviewed was professional and concerned about the inmates. One expert commented that typically, there is a bright line between custody staff and medical staff, with little sharing. However, in San Francisco sworn staff are more progressive in terms of patient care and patient rights. Custody staff sees their job to keep both the prisoners and the staff safe.

We were told that San Francisco County Jails are staffed by Deputy Sheriffs who meet the definition of "peace officer", per Section 830.1 of the Penal Code, rather than "correctional officer" whose level of training and minimum qualifications are less demanding.

Yet, two serious incidents, a suicide and reported gladiator-style fights, caused the Jury to wonder whether some personnel policies could be harmful to the overall mission of the Department. We examined three factors as possible areas for change: overtime, job rotation, and training.

Overtime continues to contribute to fatigue and stress

Consistent with the findings of the 2013-2014 Civil Grand Jury in its report titled "Inquiry into the Programs and Operations of the San Francisco Jails," the custody division continues to rely on a mandatory overtime policy to meet the needs of staffing 24-hour shifts at five jail locations. While closure of San Francisco County Jail #3 and the associated re-assignment of staff to other facilities might have eased the overtime problems, the Controller's Six Month Budget Status Report for FY 2015-16 projected total overtime pay of \$17.1 million compared with \$14.8 million in FY 2014-15 and \$10.5 million in FY 2013-14. We learned that this is primarily due to the lack of funding for requisitions over the past four years. Some City officials observed it is less expensive to pay for overtime than to fund the 40 positions that have been requested.

As noted three years ago, continuous overtime contributes to fatigue and stress. There is a relationship between fatigue and stress and an increased risk of accidental injury resulting in further time loss as well as an increase in worker's compensation expense. The Controller's Report of Worker's Compensation Data indicates that the Sheriff's Department's claims frequency increased from a three-year average of 19.4 per 100 full time equivalent staff to 21.2 in FY 2014-15.

The Jury understands that various types of leave, including Military, Family Medical, regular and job-related disability, as well as retirements have depleted the roster of Sheriff's Deputies and made it difficult to meet minimum staffing requirements. As of June 15, 2016, there were 19

vacancies at the supervisory level with more anticipated due to imminent retirements. This affects personnel in many ways, including overtime fatigue addressed here and lack of time for training (addressed in a later section).

Overtime fatigue can be a factor in causing job-related disability. For this reason, command and supervisory staff can and should promote a culture of safety by including safety topics in conversations and actively seeking and rewarding participation in safe practices and procedures. We looked for signs of a workplace safety program and we listened to priorities of supervisors and command staff to see what emphasis they place on promoting job safety to department personnel. We did not see or hear evidence to support the existence of a work safe program.

Lack of Job Rotation limits development opportunities and enables cliques

When new hires join the Sheriff's Department, they begin on 18 month probation. During this time, they complete six months at a Police Academy; five weeks of Peace Officer's Standards and Training (POST); and seven weeks of additional training which now includes three days of Crisis Intervention Training. Then they are assigned to a County Jail. As long as they remain a Deputy Sheriff, they can choose to keep their first assignment for their entire career.

After five years, a Deputy Sheriff can request a satellite assignment through the Personnel Department. Satellite assignments include court bailiff, background investigator, City Hall security, and institutional patrol among others. Assignment is based on seniority on the request list and deputies can be bumped/reassigned to jails or other satellite options. After five years at a requested satellite assignment, a Deputy Sheriff must go back to a jail for one year before requesting a satellite assignment again. This is part of the Collective Bargaining agreement negotiated 30 years ago and adopted at a time when the Sheriff had fewer functions than today.

It is only when a Deputy Sheriff is promoted that the Sheriff has the option to assign that Deputy to the site that is in the best interest of the Department and long term planning. During site visits to jail facilities, we asked deputies how long they had served at the same shift and duty station. Eight or nine years was a common response. Command staff confirmed this and indicated further that some personnel in the custody division had been on the same duty assignment and shift for more than 15 years and that other divisions also had Deputy Sheriffs with similar tenure in the same position.

We verified that advancement in the department depends on exposure and demonstrated ability to perform many different duty assignments including supervision of functional areas throughout the department. We were told that staff who are comfortable in an assignment and don't care to advance may remain in one job for many years.

We were concerned by this practice for a number of reasons including the risk of injury related to repetitive motion or limited physical activity, burn out from fatigue and boredom, and the constraint on the department's ability to provide training and development opportunities for those seeking to advance or increase skills. We were also concerned for the effect of fewer officers being prepared and cross-trained to respond to a variety of risks in an emergency situation. One

supervisor reported that some lengthy duty assignments contributed to cliques and insubordination in a few instances. While some officers expressed their appreciation for the choices they have in assignments, we believe that the right incentives could motivate them to be more flexible.

The Jury is also concerned that incidents such as the gladiator fighting reported at CJ #4 could be the result of power dynamics that result when a few entrenched employees become a “clique” and look for ways to make their job less boring. While we found that the Sheriff’s Internal Affairs Unit reacted swiftly to deal with the deputies involved with the gladiator incident and that they have been charged with serious crimes, we remained concerned that the assignment process does not facilitate job rotation. In the business world, job rotation is rated highly as an effective way to prevent crimes.²⁵

The Jury recognizes that the San Francisco Sheriff’s Department has fewer opportunities to vary the type of work for deputies when compared with other county Sheriff’s Departments. In some jurisdictions, deputies are allowed to bid on MOUs for handling security at city facilities or to participate in 10B work that pays time and a half, as their colleagues in the SF Police Department do. In the San Francisco Sheriff’s Department, rotational opportunities outside of jails involve working in each of the three non-Custody Divisions, especially in the Field Operations Division which provides security at the Courts, City Hall and nearby City offices, and other facilities such as eleven city-run hospitals and clinics, among other duties.

Training is essential, especially to improve work with people with mental illness

Training is essential for members of public safety departments to be ready, prepared, and professional in response to ever changing circumstances. In addition to completing the core requirements of a POST accredited police academy, all sworn personnel are required to complete 24 hours of continuing education and in-service trainings annually and another 24 hours of Board of State and Community Corrections (BSCC) training every two years.²⁶ The lack of departmental funding to pay yet more overtime to enable staff to attend training has resulted in many personnel not in compliance with training requirements. We were told that the State of California is supposed to reimburse the County for this training as part of the agreement on re-alignment, but this has not happened recently.

The key to any suicide prevention program is properly trained correctional staff, who form the backbone of any prison facility. Very few suicides are prevented by mental health staff, medical or other professional staff because suicides usually are attempted in inmate housing units during late evenings and on weekends when inmates are outside the purview of program staff.²⁷

²⁵ “Three Easy Fixes to Help Reduce Fraud”, 415Group, <http://www.415group.com/three-easy-fixes-to-help-reduce-fraud>

²⁶ Board of State and Community Corrections, <http://www.bscc.ca.gov/>

²⁷ Hills, H., Siegfried, C., Ickowitz, A. (2004) Effective Prison Mental Health Services: Guidelines to Expand and Improve Treatment. US. Department of Justice. National Institute of Corrections. pg. 47

The Department of Justice Guidelines recognize the importance that all staff be trained to identify symptoms of mental illness, and urges that formal and informal mechanisms be in place for staff to refer those identified with possible mental health disorders to the appropriate health staff.²⁸ See Appendix A for details on the type of training that is recommended.

While the Board of Supervisors and the Mayor have provided funds for five days of this type of training for SF Police Department officers and for the formation of a Crisis Intervention Response Team, they have not provided for a similar program in the Sheriff's Department. Another type of training that several officials felt would be warranted at the Sheriff's Department is implicit bias and procedural justice training. The Department included this in its FY 2016-17 plan for all officers within the year.

FINDINGS

- F.D.1. The Sheriff's Department expenditure for overtime is increasing. Increased overtime results in fatigue and stress on the staff.
- F.D.2. The San Francisco Sheriff's Department has an assignment process that enables deputies to stay in one position for many years.
- F.D.3. Some Deputy Sheriffs appreciate the opportunity to work hours more compatible with family life and/or closer to home.
- F.D.4. There is a need for all Deputies at County Jails to be trained on suicide prevention and crisis intervention as a priority, and for additional training to meet annual POST requirements. Training will require a training float.
- F.D.5. The Sheriff's Department management concurs that all staff need training in crisis intervention, incident debriefing, and stress management. The Sheriff Department's policy to only send two people for training at one time due to staff vacancies means that Deputies trained in Crisis Intervention will continue to be a limited group for some time to come.

RECOMMENDATIONS

- R.D.1a. 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 dedicated Sheriff's Department recruitment staff, and
- R.D.1b. Identify positions that might be re-classified as administrative support, i.e. civilian, rather than requiring sworn deputies to handle those duties.

²⁸ *ibid*, pg. 15

- R.D.2. The Sheriff's Department should have a rotation policy similar to policies in effect at other law enforcement agencies: every five years, one third of the staff gets rotated.
- R.D.3. The Sheriff should negotiate with the San Francisco Deputy Sheriff's Association for recognition of the benefits to be gained by rotation and should negotiate incentives that balance the desire of deputies for preferable assignments with the needs of the service.
- R.D.4a. The Sheriff should include in the 2017-18 budget request sufficient funds for the purpose of training all Deputies at County Jails on suicide prevention and crisis intervention, including enough for a training float;
- R.D.4b. The Mayor should include the Sheriff's request for funds for this purpose in the Mayor's proposed budget; and
- R.D.4c. The Board of Supervisors should approve the Sheriff's request for the purpose of training all Deputies at County Jails on suicide prevention and crisis intervention.
- R.D.5a. New recruits should complete crisis intervention training either at the Academy or within one year of graduation from POST academy.
- R.D.5b. All sworn officers, medical, and psychiatric services staff should complete crisis intervention, debriefing, and stress management training within three years of employment.
- R.D.5c. To accomplish the goals of faster training, the Sheriff should recruit extra help from the roster of retired Deputies and arrange for more "train the trainer" sessions.

E. Discharge and Reentry Planning with Outcome Performance Measures

DISCUSSION

At some point, every inmate reenters the community. For those inmates who have family and friends to help them, a call or a bus ticket home may be all that is needed. For those with mental illness who have alienated family and friends and perhaps have no place to call home, reentry is a bigger challenge. HR360's Jail Behavioral Health Services Reentry staff is charged with preparing patients for this journey and has links to community organizations. In fact, many organizations such as Walden House, Asian American Recovery Services, Haight Ashbury Free Clinic, and Tenderloin Health Services are under the HR360 umbrella of programs. The goal is to prevent recidivism.

The recidivism rate for San Francisco inmates meeting SMI criteria (47 percent) is lower than the rate for the general inmate population (67.1 percent).²⁹ The Jury notes this fact and commends Jail Behavioral Health Services for their role in producing this result.

Jail Behavioral Health Services receives advance notice from the Sheriff's Adult Probation office when a patient is about to be released. Jail Health Services can get a few days of prescription medications for the patient from Zuckerberg San Francisco General Hospital. Jail Behavioral Health Services seeks to develop a Wellness Recovery Plan with the following goals:

- Stop taking drugs
- Take prescribed medications to prevent a relapse
- See a therapist
- Know what to do when symptoms are returning
- Seek help for mental health problems before there is a full-blown psychotic break, so as to reduce long-term brain damage

The Sheriff's Handbook states, "Community [Reentry Programs support people leaving jail by giving them the skill and tools needed to make a positive reentry into the community and to return to their families. Reentry programs include building relapse prevention plans, job skills and general education, and batterer re-education (domestic violence)."

All community-based services are voluntary and require an individual providing consent to participate in both residential and outpatient services.³⁰ The Behavioral Health Justice Center concept for a "Level 4" locked facility would provide a much-needed residential treatment option:

Level 4 will provide secure, short-term, inpatient treatment to persons with mental illness who are transitioning to placement in community-based residential treatment programs. Moving patients with serious mental illness from the county jail to a hospital-like

²⁹ Policy Analysis Report on Jail Population, Costs and Alternatives, p.15

³⁰ Id. pg. 14

setting will decrease the overall jail population and create a safer atmosphere for deputies and jail staff. It will also increase the likelihood of success once that person is transferred to a residential treatment bed. Persons who would otherwise be waiting in the county jail without appropriate treatment services may voluntarily transfer to this unit. It is explicitly designed and intended for use as a transitional facility for persons awaiting transfer to residential treatment elsewhere or to another appropriate placement.³¹

Since almost all inmates eventually return to the community, the Department of Justice Guidelines consider money spent on reentry services as an investment in the community's health and safety.³²

We were told that there is room for improvement in the reentry process, especially in the critical first few hours out of jail so that patients don't fall through the cracks. We learned that continuity of mental healthcare after jail discharge is at the top of mental health provider's wish list. It is critical to keep up the relationship with treatment providers. This has worked in a small place like Franklin County, Massachusetts since the 1990's.³³

We learned that this reentry system could work in a relatively small place like San Francisco, where most patients upon release will go to the Tenderloin, Bayview, or Mission neighborhoods.

The Jail Behavioral Health Services staff are interested in measuring outcomes so they can focus and hone objectives of the programs and services people receive. Currently, they have no good way to know how many clients they are following at a time, although the Department of Public Health and Jail Behavioral Health Services prepare weekly updates of the Assisted Outpatient Treatment (AOT) program for the San Francisco Health Improvement Partnership. Jail Behavioral Health Services would like to conduct a release assessment in order to compare an arrestee's mental condition at intake and exit from jail.

The City Services Auditor should conduct a benchmark study for best practices in jail-exit planning strategies, including "release assessment." The City Services Auditor could start with the specific requirements and prescribed professional standards of an independent reviewing authority like the National Commission for Correctional Health Care (NCCHC). The basis of NCCHC's mental health services accreditation program are set forth in "Standards for Mental Health Services in Correctional Facilities (2015)."³⁴

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

³¹ Haney 2016

³² Hills, et al.(2004). pg. 8

³³ <http://www.fcsso-ma.us/health-services.html>

³⁴ <http://www.ncchc.org/>

treatment in jail prior to placement in a community based program compared to individuals who are diverted from jail to community based treatment.³⁵

One suggested area of improvement that we heard in our interviews is to take advantage of the brainpower and expertise of Bay Area universities in collection and interpretation of data. Objective evaluators would be available for free. We were told that graduate schools have students who would be eager to review data and provide comparative recommendations. The Jail needs someone who can say:

The Jail did X;
The City and County spent \$Y;
And here is the result.

Another suggested area for improvement is to invite review of policies and practices by advocate organizations for the mentally ill, such as the San Francisco chapter of NAMI and the Mental Health Board (MHB) of San Francisco.³⁶

The Controller has the numbers on jail and treatment costs. Services are expensive, resource intensive and labor intensive. We were told spending the money up front on social services will save money in the longer term, with an estimate that for every \$1 spent upfront, the City will save \$5 later on. Once people get reconnected with service providers in the community, the intensity of services can be reduced.

FINDINGS

- 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.
- F.E.2. Jail Behavioral Health Services does not currently conduct “release assessments” on patients discharged from the San Francisco Jails.
- F.E.3. Bay Area universities represent a source of impartial data reviewers of San Francisco Jail’s mental health services.
- F.E.4. Bay Area mental health organizations such as NAMI and MHB could provide useful recommendations on mental health services in San Francisco Jails.

RECOMMENDATIONS

- 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:

³⁵ Policy Analysis Report on Jail Population, Costs and Alternatives, p.19

³⁶ Mental Health Board of San Francisco, <http://www.mhbsf.org/>

- 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 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.

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.

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.

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.

CONCLUSION

San Francisco Jails have challenges due to both the facilities that skew towards old and unsafe and the difficulty of staffing enough to allow for training and rotation without excessive overtime. To deal with these challenges, the Jury recommends improvements in intake/custody transfer, facilities, information sharing, and personnel management - especially training.

Most importantly, the Jury recommends increased focus on treatment of people with mental illness who end up in our jails. Across the country, there are ten times as many individuals with serious mental illness in our jails and prisons as there are in our state psychiatric hospitals.³⁷ As long as the jails in San Francisco continue to serve as the place for treatment of individuals who commit violent crimes while experiencing mental health crises, there is a need for more behavioral health services in our jails and for discharge and reentry planning that is coordinated with the requisite community mental health services.

³⁷ Kupers, *ibid*, preface

REQUEST FOR RESPONSE

A. Jail Intake: Transfer of Custody

| # | <u>FINDING</u> | # | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|--------|---|----------|---|---|
| F.A.1. | There is currently no jail procedure that accounts for those arrestees referred for hospital care. | 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. | Chief Deputy of Custody Operations, Director of Jail Health Services |
| | | R.A.1.b. | The SF Police Chief and Sheriff should revisit their MOU regarding transport and custody transfer. | Sheriff, Chief of Police |
| # | <u>FINDING</u> | # | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
| F.A.2. | Arrestees and their arresting officer may not always understand the importance of full disclosure of medical history. | 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. | Chief Deputy of Custody Operations, Director of Jail Health Services |

| <u>#</u> | <u>FINDING</u> | <u>#</u> | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|----------|---|----------|--|------------------|
| F.A.3. | When an arresting agency brings an arrestee to the Jail for intake, there is a field arrest card. | R.A.3. | The Sheriff should review current Field Arrest Card content and procedures to assure that best practices are employed, and information necessary for the health and safety of the arrestee and jail personnel is communicated in writing. The information should include circumstances of arrest and any observations or concerns the arresting officer may have about the medical or psychiatric condition of the arrestee. | Sheriff |

| <u>#</u> | <u>FINDING</u> | <u>#</u> | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|----------|---|----------|--|------------------|
| F.A.4. | Although the Sheriff has access to multiple criminal data bases, the arresting agencies do not necessarily share arrest records with the Sheriff's custody staff at the time of custody transfer. | R.A.4.a. | By early 2017, the Sheriff should implement a policy and procedure requiring arresting agencies to provide a digital copy of the arrest report, including charges and a description of the arrest, within six hours of the transfer of the arrestee. | Sheriff |
| | | R.A.4.b. | Once the "share the arrest record" process of R.A.4a is in place, the Sheriff should require all arresting agencies to comply with the process. | Sheriff |

| <u>#</u> | <u>FINDING</u> | <u>#</u> | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|----------|---|----------|---|--|
| 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. | 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. | Sheriff, Director of Health, City Attorney |

| <u>#</u> | <u>FINDING</u> | <u>#</u> | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|----------|--|----------|---|--|
| 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. | 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. | Sheriff and Director of Jail Health Services |

B. Facilities

| <u>#</u> | <u>FINDING</u> | <u>#</u> | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|----------|--|----------|---|----------------------|
| F.B.1. | In Jail #4, old locks jam frequently, causing safety concerns. Other maintenance issues continue to arise. | R.B.1.a. | The Sheriff should prepare a supplemental budget request for funds to immediately address problems with old locks at Jail #4 and any other remaining serious maintenance issues; | Sheriff |
| | | 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; and | Mayor |
| | | R.B.1.c. | The Board of Supervisors should approve the Mayor's supplemental budget request for funds to address the problems with old locks at Jail #4 and any other remaining serious maintenance issues. | Board of Supervisors |
| <u>#</u> | <u>FINDING</u> | <u>#</u> | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
| F.B.2. | Ending use of Jail #4 would also require finding a new kitchen and laundry facility for Jails #1 and #2 | R.B.2. | The Sheriff should make interim plans for replacing kitchen and laundry facilities for Jails #1 and #2 by the end of 2016. | Sheriff |

C. Operations - Housing, Suicide Prevention, and related Information Sharing

| # | <u>FINDING</u> | # | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|--------|---|----------|---|-----------------------------|
| F.C.1. | Jail #4 lacks suitable space for observation and treatment programs. | 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. | Sheriff, Director of Health |
| # | <u>FINDING</u> | # | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
| 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. | 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. | Sheriff, Director of Health |
| | | R.C.2.b. | The Mayor should include the Sheriff's request for funds for this purpose in his proposed budget; and | Mayor |
| | | R.C.2.c. | The Board of Supervisors should approve the amount for 24/7 staffing when the budget reaches them. | Board of Supervisors |
| # | <u>FINDING</u> | # | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
| F.C.3. | Drug diversion is a serious issue in the Jail. | 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 | Sheriff, Director of Health |

those getting “high-value” medications.

| # | <u>FINDING</u> | # | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|--------|--|----------|---|--|
| 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. | R.C.4.a. | The San Francisco Sheriff should update the Department’s website to provide additional information about mental health issues concerning those detained in jail, using the Cook County, Illinois Sheriff’s Department website (Figure 3) as a “best practices” guideline. | Sheriff |
| | | 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. | Sheriff, Director of Jail Health Services, Department of Administrative Services, SF 311 |

| # | <u>FINDING</u> | # | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|--------|---|--------|---|--------------------------------|
| 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. | R.C.5. | The Sheriff's Department should provide jail data for inclusion on the SF OpenData website. | Sheriff and Chief Data Officer |

D. Personnel and Training

| # | <u>FINDING</u> | # | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|--------|---|----------|--|--------------------------------------|
| F.D.1. | The Sheriff's Department expenditure for overtime is increasing. Increased overtime results in fatigue and stress on the staff. | 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. | Sheriff, Director of Human Resources |
| | | R.D.1.b. | Identify positions that might be re-classified as administrative support, i.e. civilian, rather than requiring sworn deputies to handle those duties. | Sheriff |

| <u>#</u> | <u>FINDING</u> | <u>#</u> | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|----------|---|----------|--|------------------|
| F.D.2. | The San Francisco Sheriff's Department has an assignment process that enables deputies to keep one position for many years. | R.D.2. | The Sheriff's Department should have a rotation policy similar to policies in effect at other law enforcement agencies: every five years, one third of the staff gets rotated. The Station Transfer Unit and other additional duties to enrich rotation opportunities should be implemented. | Sheriff |

| <u>#</u> | <u>FINDING</u> | <u>#</u> | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|----------|---|----------|---|---------------------------------------|
| F.D.3. | Some Deputy Sheriffs appreciate the opportunity to work hours more compatible with family life and/or closer to home. | R.D.3. | The Sheriff should negotiate with the San Francisco Deputy Sheriff's Association for recognition of the benefits to be gained by rotation and should negotiate incentives that balance the desire of deputies for preferable assignments with the needs of the service. | Sheriff, Deputy Sheriff's Association |

| # | <u>FINDING</u> | # | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|--------|---|----------|--|----------------------|
| F.D.4. | There is a need for all Deputies at County Jails to be trained on suicide prevention and crisis intervention as a priority, and for additional training to meet annual POST requirements. Training will require a training float. | R.D.4.a. | The Sheriff should include in the 2017-18 budget request sufficient funds for the purpose of training all Deputies at County Jails on suicide prevention and crisis intervention, including enough for a training float; | Sheriff |
| | | R.D.4.b. | The Mayor should include the Sheriff's request for funds for this purpose in the Mayor's proposed budget; and | Mayor |
| | | R.D.4.c. | The Board of Supervisors should approve the Sheriff's request for the purpose of training all Deputies at County Jails on suicide prevention and crisis intervention. | Board of Supervisors |

| # | <u>FINDING</u> | # | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|--------|--|----------|---|------------------|
| F.D.5. | The Sheriff's Department management concurs that all staff need training in crisis intervention, incident debriefing, and stress management. The Sheriff Department's policy to only send two people for training at one time due to staff vacancies means that Deputies trained in Crisis Intervention will continue to be a limited group for some time to come. | R.D.5.a. | New recruits should complete crisis intervention training either at the Academy or within one year of graduation from POST academy. | Sheriff |
| | | R.D.5.b | All sworn officers, medical, and psychiatric services staff should complete crisis intervention, debriefing, and stress management training within three years of employment. | Sheriff |
| | | R.D.5.c | To accomplish this, the Sheriff should recruit extra help from the roster of retired Deputies and arrange for more "train the trainer" sessions. | Sheriff |

E. Discharge and Reentry Planning

| # | <u>FINDING</u> | # | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|--------|---|--------|--|---|
| 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. | R.E.1. | <p>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:</p> <ul style="list-style-type: none"> ● 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 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. | Sheriff, Director of Public Health, Director of Jail Behavioral Health and Reentry Services |

| # | <u>FINDING</u> | # | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|--------|---|--------|---|------------------------------------|
| F.E.2. | Jail Behavioral Health Services does not currently conduct “release assessments” on patients discharged from the San Francisco Jails. | 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. | Sheriff, Director of Public Health |

| # | <u>FINDING</u> | # | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|--------|--|--------|--|------------------------------------|
| F.E.3. | Bay Area universities represent a source of impartial data reviewers of San Francisco Jail’s mental health services. | 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. | Sheriff, Director of Public Health |

| # | <u>FINDING</u> | # | <u>RECOMMENDATION</u> | <u>RESPONDER</u> |
|--------|--|--------|--|------------------------------------|
| F.E.4. | Bay Area mental health organizations such as NAMI could provide useful recommendations on mental health services in San Francisco Jails. | 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. | Sheriff, Director of Public Health |

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GLOSSARY

AOT – Assisted Outpatient Treatment

Assessment – the process of examination or evaluation following the screening that ascertains the specific nature and severity of the mental health and substance abuse problems and their history and course. DOJ Guidelines 2004

BSCC – Board of State and Community Corrections

CIT – Crisis Intervention Team

CSA – City Services Auditor

Diversion of medicines – Pretending to take prescription medicines while finding a way to save them for sale or to use in a suicide attempt

DOJ – Department of Justice (U.S. Government)

DPH – Department of Public Health (San Francisco City & County)

HIPAA – Health Insurance Portability and Accountability Act

HR360 – Health Right 360

Jail Bookings – the process by which the police department registers and enters charges against a person believed to have violated the law. The process of booking typically includes recording of the inmate's personal information and description, photograph (also known as mug shot), fingerprinting, and a Department of Justice records check. CSA 2013 at 10

Jail Diversion – A program that allows a person charged with a crime to avoid a criminal trial and conviction in exchange for doing community service, undergoing psychiatric treatment, paying a fine, or other alternative disposition; or in the case of a person with a mental illness, agreement to participate in voluntary treatment in exchange for the prosecutor's dropping the charges.

Maximum Security Inmates – Inmates who typically display the highest risk to the public, staff, and other inmates. They may pose high escape risks and serious threats to the safe and orderly operation of the jail or have a history of violence in custody; typically housed separately from the general population. Some inmates such as those with mental health issues or violent tendencies sometimes require added housing security.

Medium Security Inmates – inmates who may pose an escape risk or a threat to staff or other inmates, but typically show a willingness to comply with jail rules and regulations. They are typically housed in the general population quarters.

MHB – Mental Health Board of San Francisco, a citizens’ advisory board that works with the Board of Supervisors and the Department of Public Health’s Mental Health Director to ensure that mental health programs meet the needs of the people they are intended to serve.

<http://www.mhbsf.org/>

Minimum Security Inmates – Inmates who are not considered a serious risk to the public, other inmates, or facility staff. They are housed on the general population quarters.

M&M report – Mortality and Morbidity report

MOU – Memorandum of Understanding

NAMI – National Alliance on Mental Illness

NCCHC – National Commission for Correctional Health Care

NIC – National Institute of Corrections

Non-Sentenced Inmates – Inmates who have not yet been sentenced and are being held in the jail facility while they await trial. CSA 2013 at 12.

POST – Peace Officer Standards and Training

Screening – a process of information gathering that includes an interview, a review of existing records, and the administration of specialized instruments or tests which seeks to identify those inmates who may require a particular intervention or treatment. DOJ Guidelines 2004

Sentenced inmates – inmates that have been convicted of a crime and are serving a court-determined sentence. CSA 2013 at 12

SMI – Serious mental illness – (1) diagnosable major psychiatric disorders – i.e., schizophrenia, unipolar and bipolar depressions, and organic syndromes with psychotic features.
(2) mental disorder with high degree of discomfort and impairment with significant duration;
(3) a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality or cope with the ordinary demands of life within the prison environment, plus manifested by substantial pain or disability. [DOJ Guidelines 2004 at 2]

Warm Handoff – The term for introducing a released inmate to a Case Manager who will be handling post-release treatment and community services.

APPENDIX

Recommended Training for Correctional Officers per Department of Justice Guidelines

Basic training for all correctional staff should include the following information:³⁸

- How to recognize the early signs and symptoms of serious mental illness and suicide.
- The nature and effects of psychotropic medications.
- The mental health services available in the prison.
- How and when to make referrals to mental health services.

Training to make custody officers more effective should cover these topics:³⁹

- Understanding that simply listening and talking to mentally ill inmates may resolve crises.
- Understand that frequent contact by staff, even brief contacts, can help calm confused and anxious inmates.
- Provide accurate information about the institution and how to access mental health services to inmates.
- Observe and record inmate behavior.
- Receive and relay inmate request for assistance from mental health staff.
- Consult with mental health staff about mental illness.
- Monitor inmates who take psychotropic medications for compliance and side effects.
- Identify the early signs and symptoms of mental illness and implement suicide prevention.

³⁸ Hills et al. (2004) pg. 34

³⁹ ibid pg. 33