



BEHAVIORAL HEALTH JUSTICE CENTER:

NEITHER TREATMENT NOR JUSTICE

The concept of a Behavioral Health Justice Center (BHJC) has been proposed in a variety of different political iterations over the last 2 years, starting with the District Attorney's proposal in 2016 and most recently re-surfacing in campaign materials for 2018 SF Mayoral candidates. The BHJC proposal prioritizes criminalization, policing and imprisonment administered by criminal courts, sheriffs, and district attorneys as points of entry into treatment rather than focusing on transformative models of care. In any proposed form, the BHJC does not make financial or practical sense, is not based in evidence of best practices, and is an incomprehensible attempt to address the serious social crisis of mentally ill homeless individuals on our streets and regularly being funneled in and out of our jail system.

THE NEED FOR MENTAL HEALTH CARE IN SAN FRANCISCO:

There is a clear need for strengthening mental health care services in San Francisco through additional resources, policy changes, and capital investments. A recent audit of Behavioral Health Services (BHS) conducted by the Budget and Legislative Analyst's office found significant deficits in services needed by the city's most acutely ill adults. Intensive Case Management (ICM) slots opened up at a rate of half that of those referred to ICM with no increase to funding for those programs over the time audited FY 2012-FY 2016. Moreover, 38% of individuals discharged from psychiatric emergency services are neither linked nor referred to services. These are but a few examples of the many ways in which San Francisco fails to address mental health needs resulting in people cycling in and out of jail, shelters, hospitals, and the streets with worsening states of mental and physical health. **We are at a pivotal point where inadequate mental health care can no longer be addressed through caging and controlling people.**

WHAT THE BHJC PROPOSES:

The BHJC proposals are purportedly designed to address the crisis of a rising population of people with mental health needs in the jail system. There are many people who await hospital care within the jail system due to either lack of supportive services or bed space in a hospital or residential

facility. Instead of using budget and capital funds to build a new facility such as the BHJC which shifts people from a general population jail to a mental health jail, the city must address the root of the problem.

When someone with mental illness is arrested it is often because they have already become gravely ill and become a threat of harm to themselves or others. A facility such as the BHJC which focuses on contact with law enforcement cannot be in the best interests of public safety as the time to intervene is long before someone becomes so symptomatic they come to the attention of law enforcement.

Level 1 calls for a "24 hour venue for local law enforcement to bring individuals in mental health crisis for an initial mental health assessment." During the JRP work group meetings Barbara Garcia talked about opening a similar 24 hour triage center in the former emergency department of ZSFGH. Along with saving money from construction costs, it is much more likely that individuals will self present to ZSFGH, than to a center under the jurisdiction of the sheriff. Furthermore, it makes much more practical sense to situate such a crisis center right near to psychiatric emergency services (PES), the trauma center, and the medical center where most of these individuals already get their medical care so their records are readily available. In addition Hummingbird, which is located on the campus, provides respite beds that could be accessed through triage at this center.

The levels of care on floors 2 and 3 exist already in the community, through Dore Urgent Care Clinic, Hummingbird, medical respite & sobering center, acute diversion units and dual diagnosis residential treatment offered through the combined efforts of BHS/DPH and community based organizations. However, there are not enough beds to meet the need. The city should invest in expanding the programs that already exist within an environment that is not associated with the court system and law enforcement. The Department of Public Health and community based organizations already have the experience and the state licensing to do so. The treatment and care of the mentally ill in our community requires public health solutions and this responsibility should never be transferred to the criminal justice system.

Of greatest concern to advocates in the BHJC proposal is the level 4 facility, "Secure Inpatient Transitional Care Unit". What this unit will be is very confusing, as it is written it purports to be three entirely different systems at once. First it is stated the facility will provide short term inpatient treatment, while secondly it is at the same time a "justice center" which signifies it will be a jail run by the sheriff. What the structure will be of this "short term inpatient treatment" is unclear, will it function similar to a mental health rehabilitation center or a psychiatric hospital? Finally many persons identified as seriously mentally ill (SMI), and or incompetent to stand trial await in jail for state hospital beds or residential treatment beds, it has never been considered that a jail is therefore a transitional care unit.

GOVERNANCE, SUPERVISION, AND CONTROL:

While the BHJC proposal purports to be more of a hospital-like setting providing improved treatment and care, there are many unanswered questions when it comes to distinguishing this facility from a mental health jail.

- Will the BHJC be governed and accredited by the Board of State and Community Corrections, the Joint Commission on Accreditation of Health Care Organizations, or the California Department of Health Care Services?
- Will individuals be serving time while they are there, effectively making them prisoners?

- If people elect to be transferred to the "secure facility" what is the process for them to get out? What are prisoner's due process rights?
- At the intersection of questions of care and questions of classification by security level, will mental health providers or sheriffs and courts make this decision?

It is correct that people declared "incompetent to stand trial" currently face long waits for transfer to a state hospital, but these people do not elect to go there voluntarily, they are court ordered. While there are many valid critiques of the treatment at state hospitals, these hospitals have outdoor space, classrooms, an array of healthcare services from psychiatry to occupational therapy, educational/vocational programming, and do not have cells. As compared to the BHJC model, even people committed involuntarily to state hospitals may receive superior treatment to what is described in the BHJC, which indicates that San Francisco could stand to be in violation of individual civil rights should they move forward with this proposal.

FINANCIAL IMPLICATIONS:

The BHJC will cost far more than community mental health treatment: the report cites that the city has lost 2/3 of the inpatient beds at Zuckerberg SF General Hospital (ZSFGH). In addition the city has lost psychiatric inpatient units long before at St. Luke's, Mt. Zion, and St. Mary's. St. Mary's has just opened up a new mental health rehabilitation center, and the city must work to reopen inpatient units at ZSFGH at a far less cost than building a new facility under the jurisdiction of law enforcement. First the Department of Public Health and Board of Supervisors must evaluate the effectiveness of these hospital units before making plans to build a new locked facility and certainly before leaping into a proposal of a facility operated by the criminal legal system.

A facility under the jurisdiction of law enforcement will always cost local tax payers far more money. **When someone is imprisoned, they lose their entitlement to benefits. Therefore Medi-cal cannot be billed for services and all costs for running this facility will come out of the general fund.**

There are scores of unaccounted costs for people with mental health needs when one considers the impact of a criminal record to those with SMI. These include the increased difficulty of getting a job or finding housing, and the loss of work hours by family members who need to care for their loved one with mental illness. It is estimated that the annual costs of missed work days due to untreated mental illness in the US is 193 billion a year. Much of this financial burden is also transferred to the City and County through increased need for social services.

When public funding is directed into policing and prisons, budget cuts for social programs such as shelters, healthcare, welfare, and public housing are the side effect. Focusing more energy on creating safe and stable conditions instead of policing and imprisonment reduces harm to communities.

Studies have shown that states with more prisons and prisoners do not have lower crime rates than other states. In reality, the PIC makes the lives of most people — especially the poor and people of color — less safe and more disordered. We know that when people call the cops to solve problems, police often cause more harm than the original problem.

We cannot build strong communities when people are constantly being forced out of their homes, our neighborhoods and forced into homelessness, jails or prisons.

INTERSECTION OF MENTAL HEALTH NEEDS AND HOMELESSNESS WITH JAILING:

There is ample evidence that incarceration is harmful to mental health outcomes. Mentally ill prisoners are far more likely to be beaten by guards, exploited, abused by other prisoners and placed in administrative segregation. This sensory deprivation and isolation exacerbates symptoms of mental illness, making it much more likely for a person to fail when they transition back to the community. This further drives recidivism rates and prevents San Francisco from reducing the size of its imprisoned population when Supervisors and the Mayor have already identified this as a priority. So why continue to expand incarceration for the mentally ill in San Francisco?

There is widespread consensus across the country from advocates and law enforcement that the problem of increased populations of the Seriously Mentally Ill (SMI) in jails and prisons is due to failure to provide adequate treatment in the community. Given that, it's imperative that we consider other solutions rather than cementing the failed role of law enforcement in warehousing the mentally ill. A growing body of evidence shows that mental health & substance use disorders could be better treated in community settings. The Community Mental Health Act was passed in 1963 and called for the establishment of 1500 comprehensive community treatment centers. Fifty-five years later, only 700 centers were ever built, and there is not a jurisdiction in the country that fully funds services to meet 100% of their identified need.

A recent audit of Behavioral Health Services noted that homelessness, along with the short falls to services, was demonstrated to be a major obstacle to care. Of the highest 5% of service utilizers in the city, 60% are homeless. It is no coincidence that up to 30% of the jailed population are, or have been, homeless. It is nearly impossible to adhere to your medication regimen and abstain from substance use if one is living in the constant insecurity, chaos, and desperation that can be caused by homelessness. A housing first policy must be adopted when addressing the needs of the mentally ill to quickly and successfully connect individuals and families to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. **Criminalization and imprisonment prevents people from accessing housing.**

POLICING OF MENTAL HEALTH CARE NEEDS:

Just as greater levels of imprisonment are not solutions, nor can we police our city out of its mental health needs. The proposal for the BHJC cites that the facility is meant to support a Crisis Intervention Team (CIT) model of policing. Given the record of violent response of police — who are equipped with weapons and whose objective is to control a situation rather than support an individual's needs — San Francisco should not continue to build up systems that rely on police as first responders. Even police departments from across the country have decried the current reality that they

have become first responders and are overwhelmed by the amount of calls to deal with SMI. CIT was started in 1988, it is neither new nor innovative. Forty hours of training does not equip police to respond to mental health crisis. This is demonstrated by the fact that despite the proliferation of CIT trainings, persons with serious mental illness are 16 times more likely to be killed by police, account for at least ¼ of police killings, yet they are only 4% of the population. Funding programs like CIT rather than mental health care by peers or service providers forces people with mental health needs into more frequent contact with police, putting them at heightened risk.

People with mental health needs and homeless people are frequently well known to police, and their deaths could be

prevented if they had been cared for in the community mental health system. Moves to make police a primary entry to systems of care for the mentally ill carries the potential for multiple levels of harm; increased risk of physical harm, public humiliation, and loss of dignity that leads to traumatic experiences for individuals confronted by police. Each of these things increases the stigmatization of people with mental health needs in our community and creates additional barriers to accessing care. Forcing people into involuntary treatment within a jail like setting with law enforcement will even further perpetuate barriers to access.

CONCLUSION:

56% of people in the San Francisco jail system on any given day are Black. If we build a BHJC, San Francisco will perpetuate the racist policies of imprisonment and policing that target and criminalize people of color. These policies lead to less access to care in the community for people of color and their heightened criminalization for behaviors related to mental illness.

The BHJC further entrenches structural deficiencies that have led to increased criminalization by seeking to further wed the justice system and mental health treatment. This will result in increased reliance on law enforcement, further stigmatization and alienation from care, and an over-reliance on incarceration, essentially perpetuating the warehousing of the mentally ill. It will entrench failed practices that intervene on the wrong end of the spectrum of mental illness – after someone is in crisis rather than before they get to that point. Individuals with mental illness are not the problem. Systemic failures to provide people treatment and a dignified place in our society are the problems.

OTHER SOLUTIONS FOR SAN FRANCISCO:

There are many other solutions that can address mental health needs without building more jails.

- The city must build **more supportive housing units**. The Budget and Legislative Analyst's office has found that among high utilizers of multiple services who obtained supportive housing, there was a shift to ongoing and routine medical care with a reduction of 72% in urgent and emergency service costs over the 5 year period from 2010-2015. These savings can be immediately reinvested in housing and systems of care.
- **Create transitional housing programs** such as the nationally commended program New Way of Life in Los Angeles. The program provides case management services, robust peer support coupled with community service, with no time limits on length of stay.
- Increase funding for **Intensive Case Management Services** to eliminate wait times for vulnerable individuals to get services.