



**JAIL REPLACEMENT PROJECT WORK GROUP:
RECOMMENDATIONS AND STRATEGIES**

When the San Francisco Board of Supervisors voted in December 2015 not to build a new jail to replace 850 Bryant, the “Workgroup to Re-envision the Jail Replacement Project” was initiated. This workgroup brought together City and County department representatives, formerly imprisoned people, health and mental health workers, racial justice researchers, and others with background and experience related to jailing in San Francisco. After studying trends in jailing in San Francisco, the workgroup considered a number of policy proposals, capital investments, and budget allocations which could result in a reduction in the imprisoned population.

The jail at 850 Bryant is decrepit and seismically unfit and must be closed immediately to avoid a catastrophic disaster for imprisoned people and staff in the building. Additionally, City Administrator Naomi Kelly has publicly stated that the jail at 850 Bryant should be closed by 2019. The JRP workgroup also has until 2020 to significantly reduce the jail population before the Sheriff pushes the city again towards jail construction. This creates an urgency for the City and County of San Francisco to reduce the jail population, however we have seen little momentum or investment on this issue.

Below are several proposals reviewed by the Jail Replacement Project work group with suggestions for implementation by the No New SF Jail coalition. Additionally we have provided a recommendation for a Transformative Justice Center that can work to address harm and accountability without reliance on jailing.

CONTACT: nosfjail@curbprisonspending.org

COOPERATIVE HOUSING: 73% APPROVED BY JRP WORKGROUP

Expansion of cooperative housing programs for those exiting custody or residential treatment programs can be a very cost effective way to not only reduce the number of people in jail, but also homelessness in our city.

Currently Conard House, Progress foundation and Baker Places operate coop housing. These programs charge varying rent, from 30% of income at Baker Places, to varying fees depending on the house and room available at Progress, but are affordable for persons on SSI or even General Assistance. These programs require that the residents be engaged in at least 20 hours of productive activity in the community, which can include education and vocational training programs. All of these programs are sober living environments (SLE’s). In addition there are a number of SLE’s in San Francisco that are run

by various private entities, but these facilities charge higher rent fees, and are aimed to meet the needs of persons who have re-entered the work force.

We propose that the city move to open more cooperative housing programs, and that harm reduction principles be applied to at least 50% of the homes, as currently only SLE's exist. Homes should also be created that specifically cater to the needs for safety of cis women, trans women, trans men and queer people. Homes should also be created that provide for the cultural and linguistic specific needs of at a minimum the Chinese and Latino community. Older adults and transitional aged youth are also increasingly represented among the homeless in SF, and have very specific psychosocial and health needs, which need also be addressed by specific housing. Need for other culturally relevant or service specific need homes should continuously be re-evaluated. In order to fulfill the needs of specific populations, BHS should seek to offer contracts to other organizations outside of the current providers who can best serve these populations. This housing should not have time limits to stay, but it should be the goal of those administering the programs to support persons through their self-directed recovery and transition to independent housing in the community.

Currently as mentioned above, there are three city behavioral health service (BHS) contractors who run cooperatives. The benefit of this is that we already have models of this type of housing in existence in San Francisco. However, all of these programs are SLE's. In Vancouver, Toronto Rain City Housing has already been providing harm reduction housing programs for some time, and we would encourage BHS to utilize their model. Rain City Housing makes their curriculum available to any entity who requests their support. We would add to this proposal that persons who are homeless in the community and are seeking outpatient treatment should get priority for the coops, and this time counts toward any requirements for productive activity in the community. As is well known, when one is homeless it is extremely difficult to make appointments and maintain a structure that will allow for one to participate consistently in outpatient treatment or any other program that will support one to get back on their feet. Providing coop housing will allow for the city to provide a greater array of services that meet people where they are at, and what will work best for them.

We propose that the city look to utilize properties that come in their possession, for example when someone does not pay property taxes, or when the deceased owner has no heirs. The city should also increase funding for agencies to master lease houses to create coops. This not only is a cost effective way of acquiring property, it also helps to integrate our neighborhoods, and puts persons that are in recovery into neighborhoods that are safe; not continuously cycling people back in to the Tenderloin or other areas that they are trying to get away from. It also serves to appropriate land for those most in need in our city. Coops provide a simpler solution to get some people off the street, however they will not come close to solving the housing needs of the poor in SF. We continue to demand that the city work on larger projects to house homeless people in San Francisco.

BRING MULTIPLE CO-LOCATED SERVICES INTO NEIGHBORHOODS VIA *COMMUNITY BASED CENTERS*: 50% APPROVED BY JRP WORKGROUP

In the JRP workgroup a number of recommendations were proposed that involve expansion of services to reach persons that are justice system involved and those at risk, and many that were approved overlap. **All of these services would need to operate out of service agencies, and the needs of individuals would best be met in community based organizations in their neighborhoods, rather than through the probation department.** This is evidenced by the fact that since its opening, the Community Assessment Services Center (CASC) has been consistently underutilized. In addition community based clinics already are established in some high needs neighborhoods, such as Bayview Hunter's Point Foundation or Instituto Familiar de la Raza. The city should provide the needed technical support, resources and funding to expand the services provided by these centers.

We also point to the findings of the behavioral health services audit released in April 2018. The audit found that referrals to Intensive Case Management programs (ICM) exceeded the available openings by a margin of 2 to 1, with program wait lists ranging from 2 to 10 months. Clinicians are under pressure to transition client's to a lower level of care to create openings for others in need of ICM, but the audit found that of those discharged to a lower level of care, only 16% engaged in outpatient services within the first 4 months, and at a year only 10% remain engaged in care. This indicates that there are actually a large number of consumers for whom ICM is the only indicated level of care. The audit also found, that 38% of persons discharged from Psychiatric Emergency Services (PES) are discharged without either a referral or linkage to care, and 35% of persons are discharged with a referral but no linkage. This is the vast majority of patients seen, and there must be a correlation between lack of linkage to care and recidivism that costs San Francisco millions in monetary and human costs every year. **Community based centers with robust community outreach components can dramatically increase the rates of linkage to care and decrease recidivism, saving our community immeasurable costs.**

1. Embed wrap around services in the community. 85% JRP approval

Since its opening the CASC has been under-utilized. Individuals are better served by community organizations in their neighborhoods run by persons they trust rather than by the probation department. They are also more easily accessed if they are located near to where one lives. Community based centers could provide wrap around services, and receive direct referrals from probation, the courts, and jail re-entry services. The centers can also serve anyone who voluntarily seeks services, and also work with families who have a loved one who needs to be linked to care.

2. Create more small, community based residential behavioral health treatment centers. 92% JRP approval

In San Francisco, we offer more residential behavioral health and substance use treatment options than most counties, however we do not currently offer sufficient treatment to meet the demand. While this proposal called for the expansion of residential treatment, we can increase the number of people the city serves, and accommodate diverse life needs by utilizing an intensive outpatient

treatment model. Persons who are in jail but have housing, or have a family member they could live with can more quickly be accommodated by outpatient programs, rather than waiting for placement at dual diagnosis programs or HR360. Evening/night clinic hours can be offered so that persons with jobs, or who find work can take advantage of employment opportunities and still attend treatment. Henry Ohloff, a private pay outpatient program is one example in San Francisco that offers evening intensive outpatient treatment. It also offers an option to those who do not feel comfortable in residential settings, or do not want to go to residential treatment but do so because they are forced to by the court.

These programs can be tailored to meet the needs of those who are not mandated to attend, and those that are by for instance requiring attendance daily, more frequent utox screens, or directly observed therapy (DOT) of medication. While there are some persons who will definitely be best served by dual diagnosis residential treatment, we believe that many persons that are in the jail and do not necessarily meet the Serious Mental Illness (SMI) criteria can instead be served by intensive outpatient treatment, particularly those whose cases fall within any of the collaborative courts, other than BHC (behavioral health court). In addition there are many individuals in the jail that are identified by jail health services as having mental illness, and needing medication who are likely not getting routine care, probably in large part due to homelessness, these individuals can leave jail linked to care.

3. Expand the work of the Homeless Outreach Team (HOT) and case managers to provide wrap around services. 62%

HOT could work more effectively if they were co-located in each of the neighborhood centers. The team could provide direct linkage to case managers and treatment at the centers, and could coordinate joint street outreach with the person who would be the long term case manager at the center to build rapport with clients toward getting them engaged in services. Currently ICM programs do not get reimbursed for case manager time to do outreach and engagement.

4. Increase the number of behavioral health and mental health professionals outside the criminal justice system on the streets. 58% JRP approval

We propose that the street based mental health workers/clinicians be based out of the neighborhood community clinics, and clients that are engaged on the streets be served at the community clinic their clinician is based at. The clinicians can work in collaboration with the HOT team to outreach to persons that have been identified in need of mental health services. The worker should spend a percentage of time doing street outreach, and street based care; and hold consistent office hours so that their client's can know when and where to find them. These clinicians can also outreach to persons at PES in order to provide the linkage many of these individuals need to care.

Outreach teams that consist of clinicians who will actually be the persons to serve the individual long term, rather than developing a relationship with a street outreach worker who will then link you to someone else, is a novel approach to how most street outreach currently operates. If appropriate

the clinicians can also engage in mental health care on the spot, and conduct crisis interventions if needed on the street.

Currently ICM programs are not reimbursed for street outreach to engage individuals in services, only after someone has formally signed up for services can community outreach be conducted for an individual. Full Service Partnership programs can bill for outreach to engage a person in services, but only for those that have been referred to their programs.

5. Reinvest in community based organizations that hold local knowledge but face limited resources.

85% JRP approval

The overwhelming majority of representatives on the JRP workgroup voted for investment in community based organizations that can most effectively respond to the needs of San Francisco's residents and workers. Many San Francisco agencies are reliant on city and county resources as well as outside funding in order to meet a broad range of community needs. Each year, there is a struggle for these public investments as they are not guaranteed, and often we are faced with reduction in community organization budgets. Currently, Capital Planning Committee proposes millions of dollars for jail construction if the population cannot be significantly reduced. This would undoubtedly come with additional operational costs. Currently the City is maintaining the status quo rather than proactively taking action. The coalition proposes that those budgetary amounts be invested upfront in community resources to avoid failure in our attempts to reduce the jail population.