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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

# Behavioral Health Services Children, Youth, & Family System of Care

## Update on Closure of Juvenile Hall



Presentation to SF Health Commission,  
Community & Public Health Committee

2-15-22

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# Background on Legislative Mandate to Close Juvenile Hall

- Ordinance 117-19, Juvenile Hall Closure, passed by BOS June 18, 2019
- Amends Administrative Code to require Juvenile Hall to close by 12/31/2021
- Expands community-based alternatives to detention
- Replaces JH with a rehabilitative, non-institutional place or places of detention approved by the Court [BOS and Board of State and Community Corrections (BSCC) must also approve]
- Close Juvenile Hall Working Group (CJHWG): 15 members appointed by BOS to develop plan for closure by 6/1/21: Led by Burns Institute & NICJR





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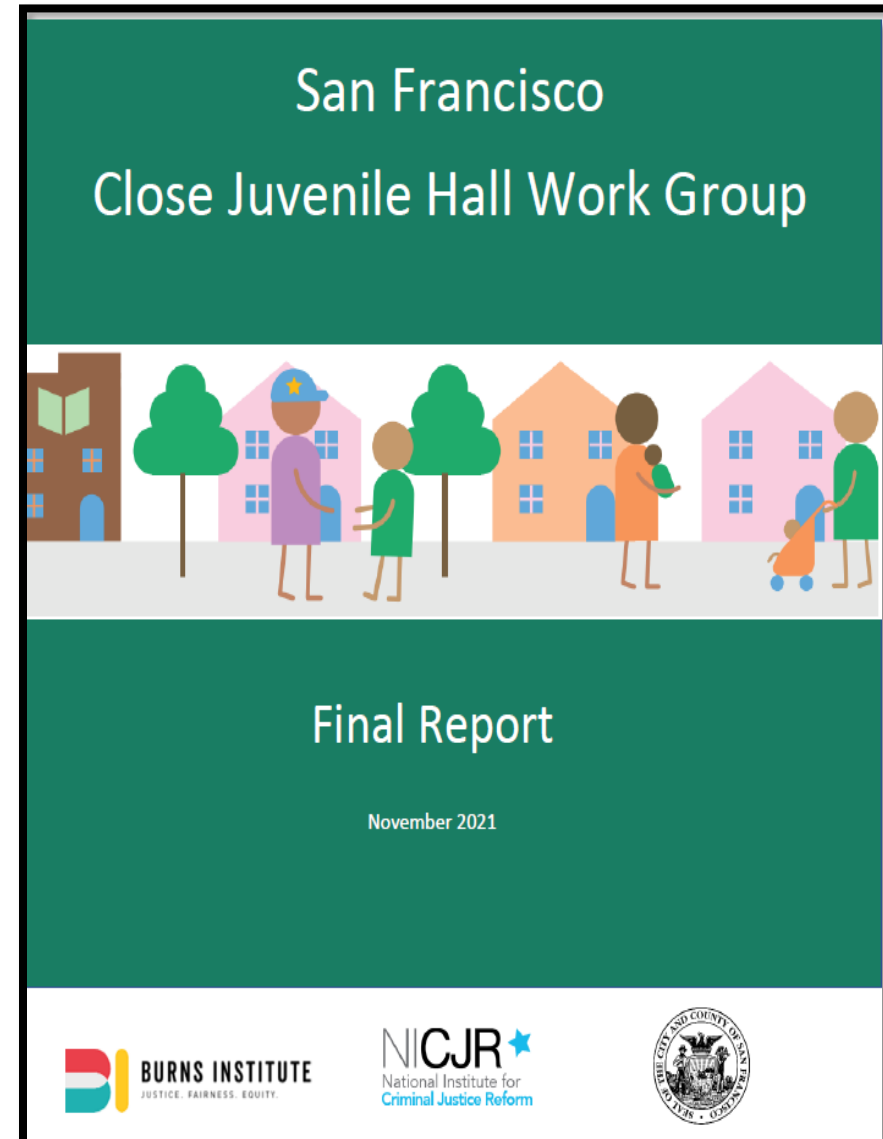
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# CJHWG Final Report Recommendations

## Areas of Focus:

- Diversion
- Review of Charging Decisions
- Reducing Reliance on Detention for Warrants
- Limiting Time on Probation
- \*Reducing Reliance on Detention for Out of Home Placement (OOHP)
- Expedited or Same Day Detention Hearings
- Expanding Detention Alternatives
- Unaccompanied Minors
- \*Non-Institutional Place of Detention
- \*Community Alternatives
- \*Re-Imagining Well-Being Alternatives to Detention

***\*Implications for DPH Programming/Services***





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# CJHWG Recommendations: DPH Implications

- **Rehabilitative Non-Institutional Place(s) of Detention:**
  - Facilities 3 sites under 12 beds each
  - Staffing: 1:5 staff to youth ratio during waking hours
  - Shared leadership with CBOs and JPD in the design and operation
- **Reduce Reliance on Detention for Out of Home Placement (OOHP)**
  - Increase comprehensive supports to families, thereby reducing the need for congregate care placements
- **Develop a Well-Being Committee (WBC)**
  - A collaborative process to address the needs of young persons accused of doing harm and the person harmed that engages restorative practices outside the formal court structure
- **Independence and Accountability**
  - One department responsible for youth and family well-being for justice-involved youth
- **Structural Change for Behavioral & Mental Health**
  - For example, Medi-Cal eligibility needs to be stabilized and programs that serve justice-involved youth such as clinical outpatient programs should extend beyond probation terms







# Special Programs for Youth (SPY) DPH Clinic Inside JJC: Staffing

## Minimal staffing model:

Nursing Services	Medical Services	Behavioral Health Services	Administrative
<ul style="list-style-type: none"> <li>• 24/7 Coverage</li> <li>• 5.8 FTEs Registered Nurses</li> <li>• 1.0 FTE Nurse Manager</li> <li>• 1.0 FTE Medical Assistant</li> </ul>	<ul style="list-style-type: none"> <li>• 12 hours a week of Primary Care Provider</li> <li>• 4 hours of Dental Services</li> <li>• Medical Services provided during business hours M-F</li> <li>• On-call Primary Care Provider support after hours</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage: 10 hours a day, 7 days a week</li> <li>• 3.0 FTEs Behavioral Health Clinicians</li> <li>• 1.0 FTE Medical Director/Psychiatrist</li> <li>• On-call Psychiatry support after hours</li> </ul>	<ul style="list-style-type: none"> <li>• Program Director (1.0 FTE)</li> <li>• Senior Clerk (1.0 FTE)</li> </ul>

\* *Meets Title 15 minimum standards for Medical and Mental Health Services in Juvenile Facilities*



# SPY Current Priorities and Highlights

- Remain committed to providing quality services and adapting programming to meet new regulations
- New Legislation:
  - Federal First Prevention Service Act (FFPSA) Quality Improvement (QI) mandate
  - SB823 Division of Juvenile Justice (DJJ) Realignment
- Ongoing COVID Response
- Highlights / Shout Outs



SPY Superhero Themed Staff Retreat, 2019



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Thank You!  
Thoughts? Questions?



Mural Inside JJC