



# SAN FRANCISCO COLLABORATIVE COURTS

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## PROGRAM ACTIVITY REPORT 2013

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SAN FRANCISCO  
COLLABORATIVE COURTS DIVISION

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# INTRODUCTION

We are proud to present the first annual program activity report from the San Francisco Superior Court's Collaborative Courts division. Our goal is to provide the San Francisco community with a snapshot of achievements and program operations across all collaborative courts in the previous calendar year.

Collaborative courts depend on the dedication of our public and non-profit partner agencies. These include: the Department of Public Health, Office of the District Attorney, Office of the Public Defender, Adult and Juvenile Probation Departments, Department of Children, Youth and Families, Human Services Agency, Veterans Administration, San Francisco Sheriff's Department, San Francisco Police Department, and a myriad of community-based service providers.

All of our programs follow the key components of problem-solving courts, including early identification and engagement of eligible participants, access to a continuum of treatment and other services, and ongoing judicial interaction, among others. Each participant receives an initial assessment that informs the Court about substance use, mental health, and other social service needs, followed by individualized treatment planning and Court-monitored accountability. Collaborative court team members guide participants towards recovery and self-sufficiency, thereby reducing recidivism and its associated costs.

Research shows that programs meeting the five principles of effective correctional intervention have a greater likelihood of reducing recidivism. These include: 1) Risk Principle (targeting higher risk offenders); 2) Need Principle (targeting criminogenic risk/need factors); 3) Treatment Principle (developing access to appropriate behavioral treatment services); 4) Responsivity Principle (addressing barriers to treatment taking into account individual differences); and 5) Fidelity Principle (implementing interventions as designed).\*

In 2013, we continued strengthening our collaborative courts by using these five principles to analyze operations and identify areas of need. For example, as discussed later in this report, the Court contracted with the Center for Court Innovation to provide technical assistance to align Drug Court with new, evidence-based practices proven to reduce recidivism. Behavioral Health Court also implemented the Housing and Employment for Recovery Outcomes (HERO) program, an innovative intervention with the potential to become a model in other jurisdictions.

The statistics presented in this report vary between programs, largely based on length of time in operation and the availability of data. We are open to feedback about your agency's informational needs, which will help enhance future reports we provide to the community.

Lisa Lightman  
Director, San Francisco Collaborative Courts

\*For additional information on the five principles, see the Justice Research Center at: [www.thejrc.com](http://www.thejrc.com).

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# ADULT PROGRAMS

# ADULT DRUG COURT

## OVERVIEW

Established in 1995, Drug Court is a felony court that provides intensive judicial supervision and case management to non-violent offenders with substance use disorders. Drug Court has its own treatment clinic, the Drug Court Treatment Center, located one block from criminal court. Drug Court is a 10-to-12 month program that includes regular court appearances, outpatient and/or residential treatment, and weekly random drug testing. Since program inception, approximately 3,650 clients graduated from Drug Court.

## NEW PROGRAM INFORMATION

Over the past five years, the Court has seen a significant decrease in its felony case load. The monthly average for drug-related active felony cases fell by 69% over the same five year period – from 1,833 in 2008 to 569 in 2012. Additionally, Drug Court's retention and graduate rates were below the national average. While San Francisco's program works with harder to serve clients with complex social service needs, the decrease in retention influenced the Court's decision to work with the Center for Court Innovation (CCI) in New York for a technical assistance review. The goal was to align Drug Court operations with evidence-based practices.

In 2011, Drug Court received a two-year grant from the Bureau of Justice Assistance to provide supportive housing for clients with co-occurring mental health and substance use disorders. The program offered clients single room occupancy housing for up to six months and the Department of Public Health hired a clinical case manager to provide integrated substance use and mental health treatment. While the grant ended in 2013, the Department of Public Health sustained the added clinical position to continue addressing the intensive needs of Drug Court's target population. In all, nearly 60 Drug Court clients received housing through this program.

### CCI'S KEY RECOMMENDATIONS INCLUDE:

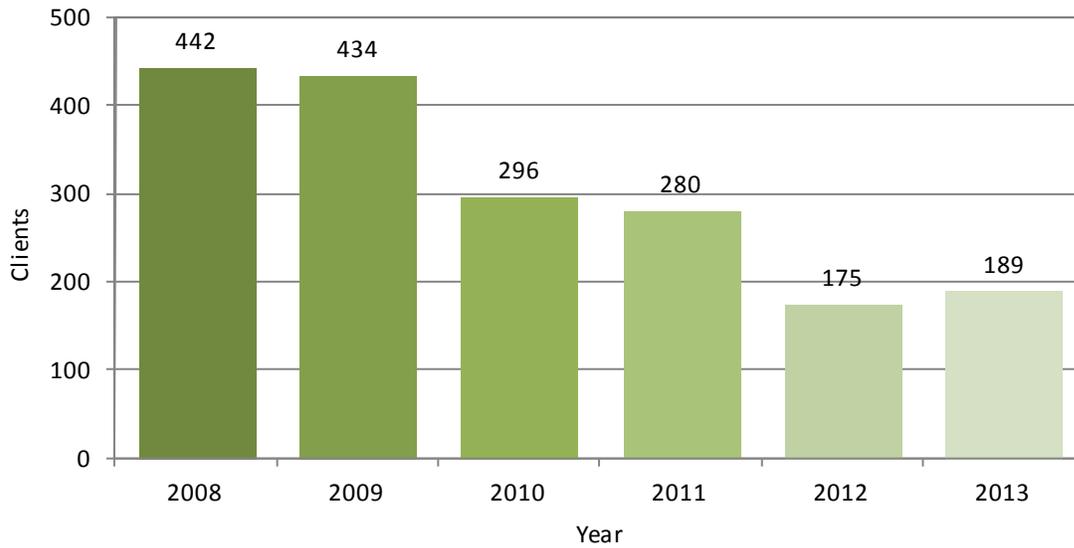
- Simplifying Drug Court's legal eligibility guidelines and identifying ways to expand the program's target population
- Utilizing the COMPAS (Correctional Offender Management Profiling for Alternative Sanctions) risk and needs assessment tool to measure risk of recidivism and determine clients' placement, supervision, and case management needs
- Developing cross-agency partnerships to establish a professional training program and create opportunities for peer-to-peer education

## PROGRAM ACTIVITY

### Clients Served

In 2013, 189 clients entered Drug Court, a small increase from 2012. While admissions were less than half of those in 2009, Drug Court's partner agencies are committed to making the program more widely available and increasing the number of clients served. Overall, 288 defendants had at least one court date scheduled in Drug Court in 2013.

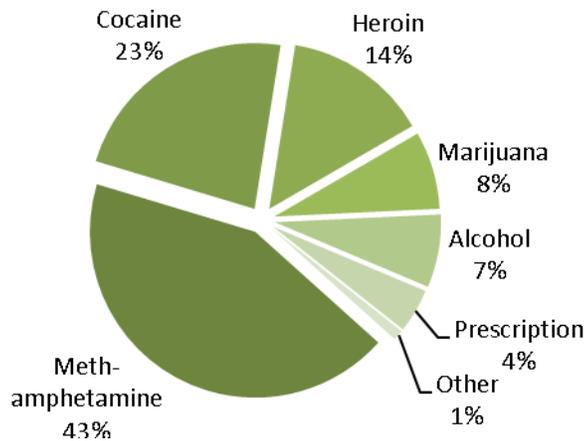
## DRUG COURT: ENTERING CLIENT VOLUME



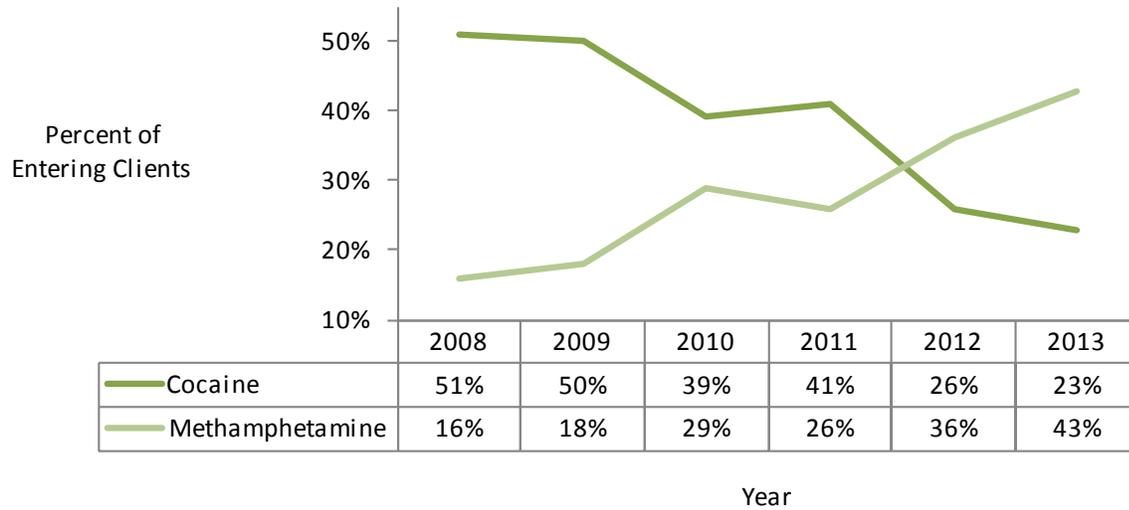
### Primary Drug of Choice

The methamphetamine trend continued in 2013, with 43% of entering clients reporting methamphetamine as their primary drug of choice. This compared to 36% in 2012 when methamphetamine first surpassed cocaine as the most commonly reported primary drug of choice.

## DRUG COURT: PRIMARY DRUG OF CHOICE (N=189)



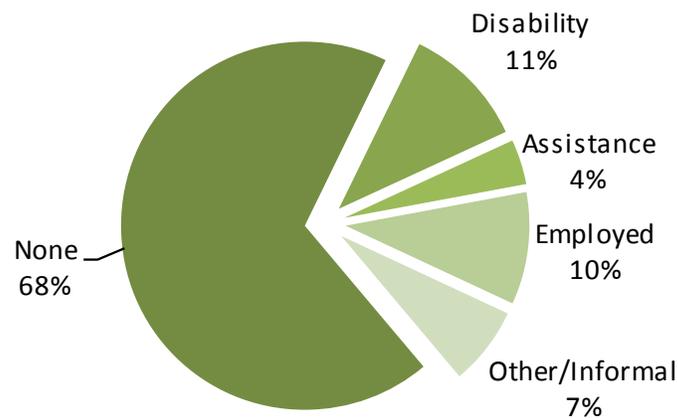
## DRUG COURT: COCAINE AND METHAMPHETAMINE



### Income Source

The vast majority (69%) of clients reported having no income upon entering Drug Court. Only 10% of entering Drug Court clients report employment as their primary income source.

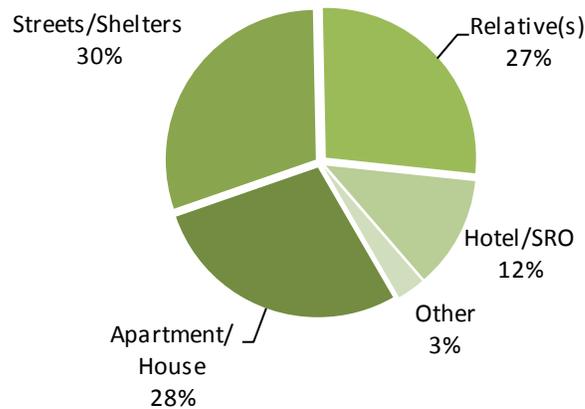
## DRUG COURT: INCOME SOURCE AT ENTRY (N=189)



## Living Situation

Forty-two percent of clients report being homeless or living in a hotel/SRO upon entering Drug Court.

### DRUG COURT: LIVING SITUATION AT ENTRY (N=189)



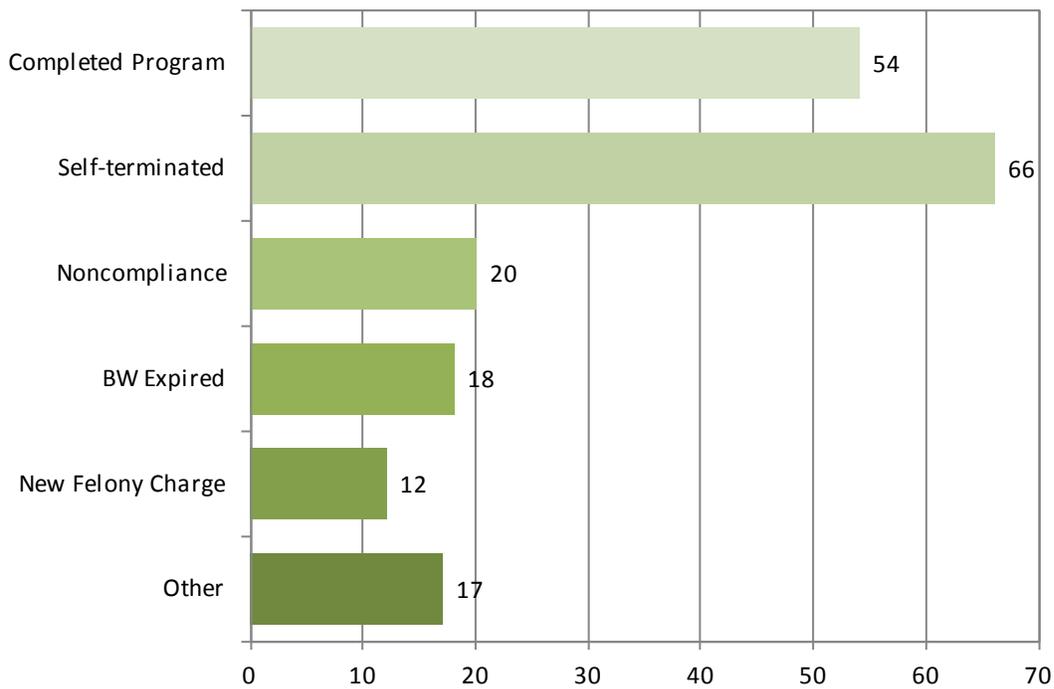
The following chart shows the legal characteristics of entering Drug Court clients in 2013.

Legal Characteristics		2013
Primary Charge	459 PC – Burglary	32%
	11352 HS – Sale (e.g. cocaine, heroin, benzodiazepine)	16%
	11351 HS – Possession for Sale (e.g. cocaine, heroin, benzodiazepine)	12%
	11350 HS – Possession (e.g. cocaine, heroin, benzodiazepine)	7%
	11379 HS – Sale (e.g. methamphetamine)	6%
	11378 HS – Possession for Sale (e.g. methamphetamine)	6%
	11377 HS – Possession (e.g. methamphetamine)	4%
	11360 HS – Marijuana Sale	4%
	496 PC – Receiving Stolen Property	4%
	Other Drug	2%
	Other Non-Drug	8%
Entry Status	Pre-plea	41%
	Deferred Entry of Judgment	42%
	Not available	17%
Motion to Revoke		21%
Parolee		15%
Incarcerated at Entry		71%

## Exiting Clients

Fifty-four clients graduated from Drug Court in 2013. Another 133 clients exited Drug Court unsuccessfully throughout the year. Almost 50% (66 clients) of unsuccessful exits were clients who "self-terminated," or opted out of Drug Court services.

### DRUG COURT: CLIENTS BY EXIT TYPE (N=187)



# BEHAVIORAL HEALTH COURT

## OVERVIEW

Established in 2003, the San Francisco Behavioral Health Court (BHC) addresses the complex needs of mentally ill defendants, including those with co-occurring substance use disorders. An individualized treatment plan is developed for each client, including psychiatric rehabilitation services, medication management, supportive living arrangements, substance use treatment, supported employment, and intensive case management services. Participation is voluntary.

## NEW PROGRAM INFORMATION

In 2013, BHC received a \$250,000 grant from the Bureau of Justice Assistance to implement the Housing and Employment for Recovery Outcomes (HERO) program. HERO provides transitional housing and supported employment services to qualifying BHC clients with the eventual goal of permanent housing and employment based on interest or former work experience. Employment counseling begins while clients are in jail and continues for the duration of the client's participation in the HERO program. While planning began in 2012, this innovative program launched in June 2013 and served 17 clients by the end of the calendar year.

On October 16, 2013, BHC celebrated its 10<sup>th</sup> Anniversary with a fundraiser at the St. Frances Yacht Club. With more than 150 attendees and the attention of national press, the celebration increased funding for BHC's motivational incentives program, which provides dental care, vocational support, and other services for BHC clients.

## PROGRAM ACTIVITY

### Assessments

In 2013, Jail Health Reentry Services (formerly Jail Psychiatric Services) administered 332 clinical assessments<sup>1</sup> on 268 defendants. 194 defendants were denied BHC services based on clinical assessment results. The most common reasons for clinical denial were: defendant not diagnostically appropriate (52%); defendant not amendable to services (21%); and defendant resides out of county (9%). Following the initial clinical assessment, seventy-four defendants were referred to BHC for a legal eligibility assessment.

DENIAL REASON	COUNT	PERCENT
Not diagnostically appropriate	100	51.5%
Not amenable	41	21.1%
Out of county resident	18	9.3%
Too decompensated	7	3.7%
Noncompliant with in-custody treatment plan	5	2.5%
Impairment level doesn't warrant BHC	4	2%
Declined participation	1	<1%
Other	13	6.7%
Missing	5	2.5%

<sup>1</sup> These figures do not include assessment appointments that were inconclusive and required an additional assessment.

## Clients Served

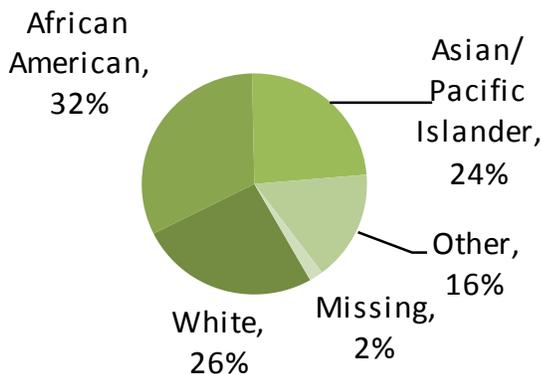
In 2013, 50 new clients were found legally eligible to participate in BHC and received a BHC start date. On average, BHC’s caseload is 150 defendants at any given time. In 2013, 190 total clients were served in the program.

## Mental Health Diagnosis

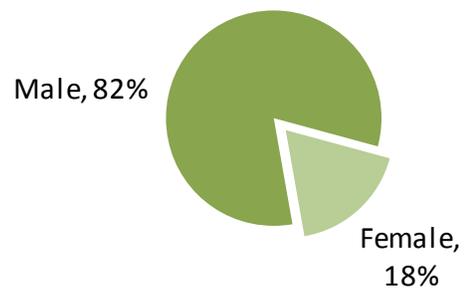
To be eligible for BHC, a defendant must present with an Axis I diagnosis per the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Of the 50 new clients who entered the program, the most common primary diagnoses were Schizophrenia (50%) and Schizoaffective Disorder (26%). Thirty-nine entering clients (78%) were diagnosed with co-occurring substance use disorder.

DIAGNOSIS	COUNT	PERCENT
Schizophrenia, Paranoid type	22	44%
Schizophrenia, Undifferentiated Type	3	6%
Schizoaffective Disorder	13	26%
Bipolar Disorder	2	4%
Depressive Disorder	2	4%
Mood Disorder NOS	2	4%
Post Traumatic Stress Disorder	2	4%
Psychotic Disorder	2	4%
Major Depressive Disorder	1	2%
Missing	1	2%

BHC: ENTERING CLIENTS BY ETHNICITY (N=50)



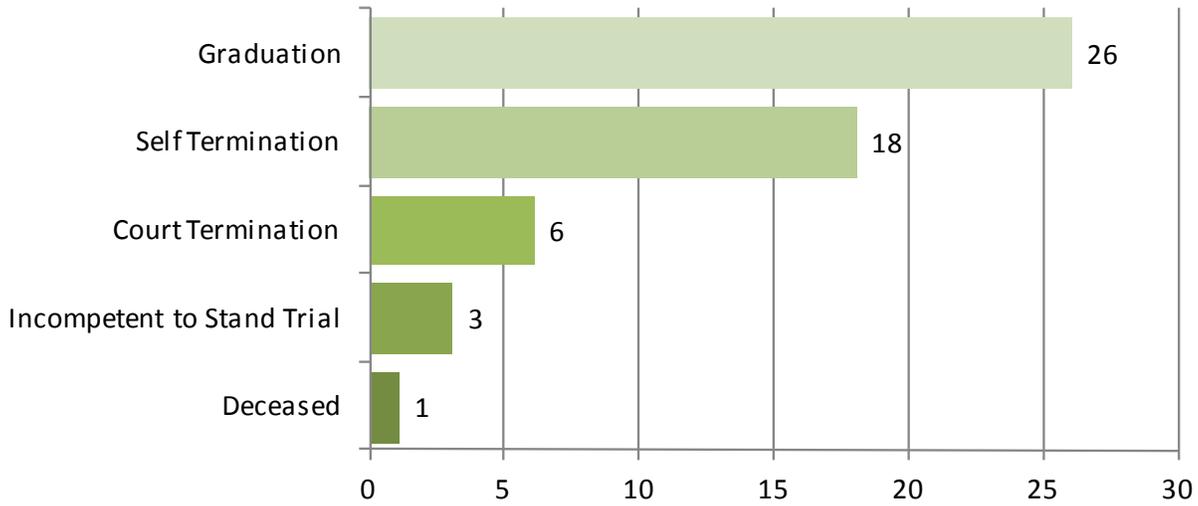
BHC: ENTERING CLIENTS BY GENDER (N=50)



## Exiting Clients

Fifty-four clients exited BHC in 2013. Forty-eight percent of all exits were successful graduates.

BHC: CLIENTS BY EXIT TYPE (N=54)



# COMMUNITY JUSTICE CENTER

## OVERVIEW

Established in 2009, the Community Justice Center (CJC) is a criminal court and social service center that serves San Francisco's Tenderloin, Civic Center, Union Square, and South of Market neighborhoods. Clinical staff are available onsite to assess social service needs related to defendants' underlying offenses and to develop individualized treatment plans for defendants determined eligible for CJC services. CJC clients are connected with treatment for substance use, mental health, or primary health issues.

CJC includes a restorative justice program that allows CJC clients to complete community service hours (voluntary or Court-ordered) and give back to the community. CJC clients completed a total of 3,142 community service hours in 2013 – and over 9,000 hours since 2011.

Staff from the Superior Court, Department of Public Health, Office of the Public Defender, Office of the District Attorney and Adult Probation have offices in the CJC's service center. A Citizen Advisory Board convenes quarterly to provide community feedback on CJC operations.

## NEW PROGRAM INFORMATION

In January 2013, R. Gil Kerlikowske, the former Director of the White House Office on National Drug Control Policy, visited the Community Justice Center and praised the program as a model for law enforcement agencies across the country.

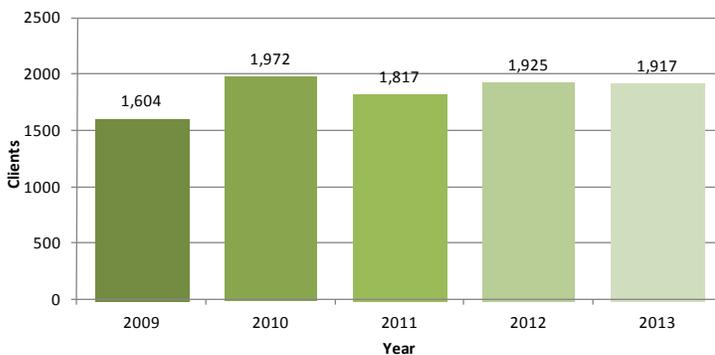
The CJC is formalizing all program policies and procedures which will be completed in 2014: case conferencing procedures, sanctions and incentives, in-custody proceedings, drug testing and the development of 'phases' in the program. Moving toward a phase-based model supports personal motivation and compliance with treatment.

In addition, the CJC began designing a new collaborative database to improve the program's ability to track client progress and analyze program activity. The database was launched in March, 2014 and improvements will be implemented throughout the year.

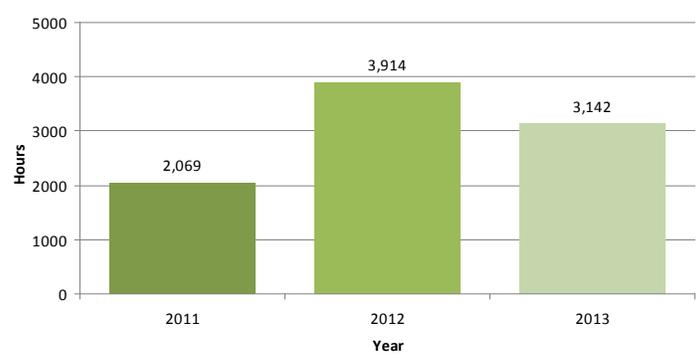
## PROGRAM ACTIVITY

In 2013, a total of 1,917 defendants had at least one court date scheduled in the CJC, representing a volume of approximately 2,700 cases.

CJC: TOTAL CLIENTS SERVED



CJC: COMMUNITY SERVICE HOURS



# INTENSIVE SUPERVISION COURT

## OVERVIEW

The Intensive Supervision Court (ISC) began in October 2010 as the Probation Alternatives Court, and was renamed the ISC in January 2012. ISC was created by the Adult Probation Department to expand opportunities for high-risk, high needs probationers to participate in community supervision, rather than being sentenced to state prison. On average, in 2013, ISC clients have 3.75 prior felonies and, collectively, they faced 287 years in state prison.

ISC clients receive a COMPAS risk and needs assessment, case management based on assessment results, extensive wraparound support services, electronic monitoring when appropriate, and close judicial monitoring. The Court utilizes a multidisciplinary treatment team approach and provides services that include housing, employment, education, family support, substance abuse, primary health care, and mental health programs.

## NEW PROGRAM INFORMATION

- In December 2013, the ISC shifted from Second Chance Act Grant funding to Adult Probation Department funding streams.
- The ISC began making case management referrals to the Senior Ex-Offender Program and the new Community Service and Assessment Center (CASC) in June.
- The ISC began referrals to the Jail Reentry Pod in 2013 for intensive in-custody programming. In 2014, the Pod became an integral part of ISC's rewards and responses options for client behavioral management.

### STATISTICS:

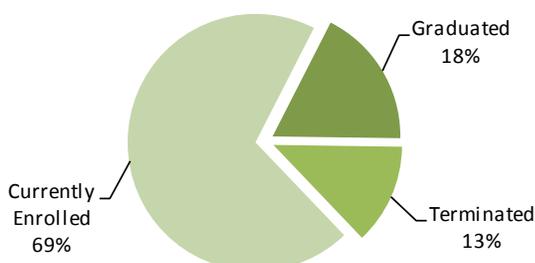
- Numbers served since program inception: 111
- Number of active participants in 2013: 79, including 68 male, 10 female, and one transgender client.
- Estimated cost savings to the state: \$14,924,000 (287 years x \$52,000 per person per year in state prison)

## PROGRAM ACTIVITY

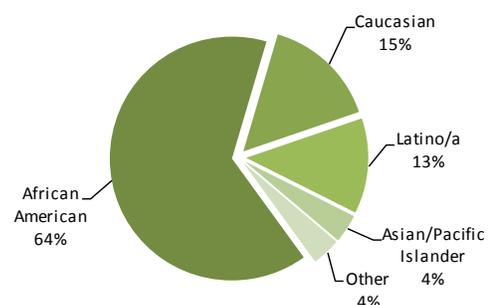
### Clients Served

ISC enrolled 21 new clients in 2013, compared to 56 in 2011 and 34 in 2012. Overall, 79 clients received services through ISC in 2013, including both entering and continuing clients. By the end of the year, 55 remained active, 14 graduated, and 10 terminated unsuccessfully.

ISC: CLIENTS BY STATUS AT YEAR END, 2013 (N=79)



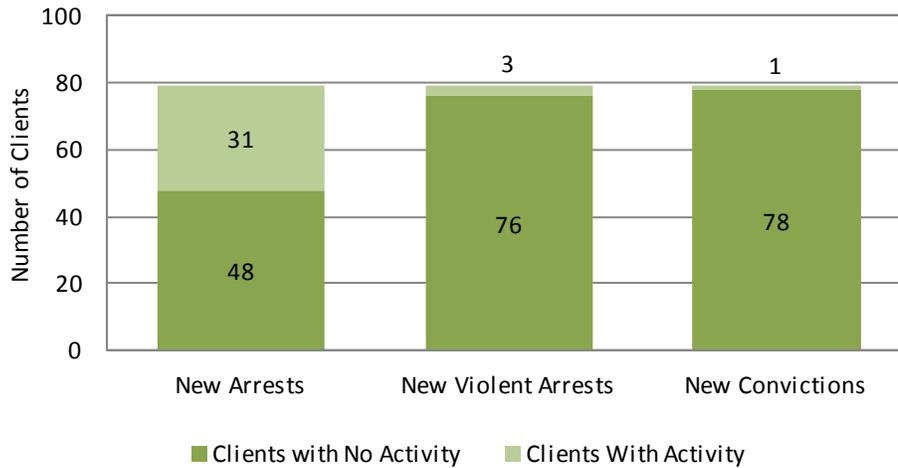
ISC: CLIENTS BY RACE/ETHNICITY, 2013 (N=79)



## New Criminal Activity

Sixty-one percent of clients (48) had no new arrests in 2013, and 96% (76) had no new violent arrests.

### ISC: NEW ARREST ACTIVITY, 2013 (N=79)

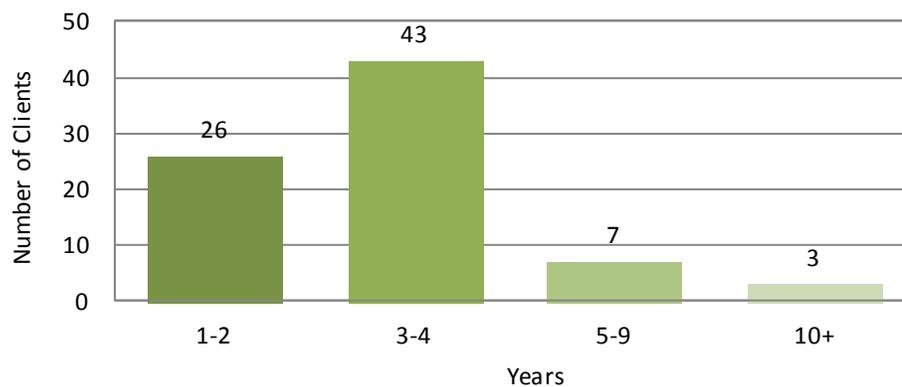


## Criminal Justice Factors

On average, ISC clients had 3.7 (median=4) prior felonies upon entering ISC.

The majority of enrolled clients (43) faced three to four years of state prison time. Another 7 faced five or more years. On average, clients faced 3.6 years (median=4 years) of state prison time.

### ISC: NEW ARREST ACTIVITY, 2013 (N=79)



# VETERANS JUSTICE COURT

## OVERVIEW

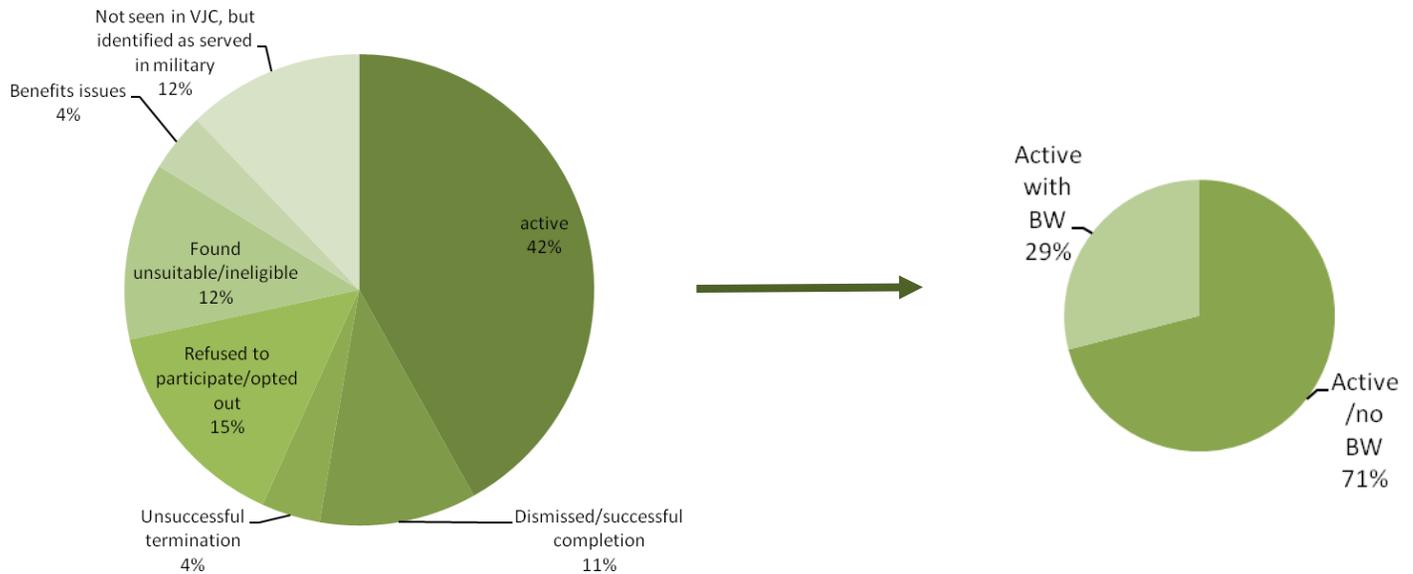
The Veterans Justice Court (VJC) began in April 2013 to address the specialized needs of the veteran population. VJC operates one day per week at the Community Justice Center courthouse and service center located at 555-575 Polk Street. The program's goal is to provide veterans suffering from substance use and mental health disorders with social service support as well as academic and vocational skills that promote employment and retention.

## NEW PROGRAM INFORMATION

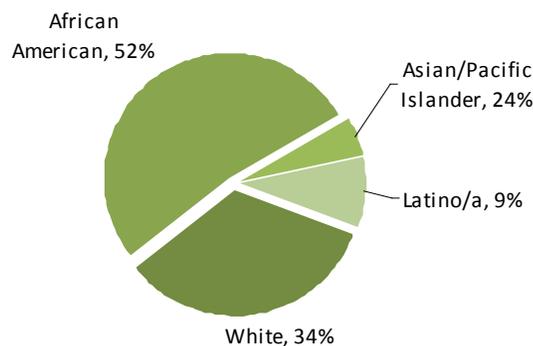
In 2013, the VJC began a Peer Mentor Program to provide peer support to VJC clients. Peer mentors are former military members who volunteer their time and energy to assist their fellow veterans with their recovery by serving as role models.

## PROGRAM ACTIVITY

Number of Active Participants: 25  
Successful completions: 5  
Numbers Served Since Program Inception: 64  
Demographics: All men; average age 50 years



## VJC: CLIENTS BY ETHNICITY (N=58)



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# YOUTH AND FAMILY PROGRAMS

# SAN FRANCISCO ACHIEVEMENT COLLABORTIVE TEAM (SF-ACT)

## OVERVIEW

The San Francisco Achievement Collaborative Team (SF-ACT) is a joint educational and behavioral health program for substance using youth at the Civic Center Secondary School. This juvenile drug court program was restructured in September 2013 to provide multi-phased evidence-based treatment and court supervision for probation-involved youth in a school setting.

SF-ACT offers individual and family therapy, home visits, substance abuse counseling, case management and academic support. The program is a partnership between the San Francisco Unified School District, the San Francisco Superior Court, the Department of Public Health, the Juvenile Probation Department, the Office of the District Attorney, the Office of the Public Defender, the Department of Children, Youth and Families, Catholic Charities, and Richmond Area Multi-Services. A Wellness Center at the Civic Center School is the central hub for all additional health and wellness services.

SF-ACT targets juvenile offenders (ages 14-17 years) whose delinquent behavior is connected to the ongoing chronic and habitual abuse of substances. Typically, youth enrolled in SF-ACT will have social histories marked by prior contacts with law enforcement, previous exposure to addiction treatment programs and a history of relapse into substance abuse.

## NEW PROGRAM INFORMATION

### Activities focused on new program development, including the following:

- Creating an infrastructure for integration among SF-ACT's clinical program, the Civic Center Secondary School, and the collaborative court team which included establishing a weekly operations committee; a referral and triage system; clarifying consent and confidentiality issues; outreach and presentations to teachers, judges, and probation staff; and the development of program materials including a unified incentive and sanction protocol that identifies school progress and treatment activities
- Ensuring staff are trained in current trauma-informed care practices, aggression replacement training, evidence-based family practices, and group therapies with at-risk youth
- Development of a framework for parent and caregiver support groups and counseling to maximize the effectiveness and accessibility of the family engagement component of SF-ACT

## PROGRAM ACTIVITY

SF-ACT began in September 2013 and admitted 6 new students by December 2013.

# DEPENDENCY DRUG COURT

## OVERVIEW

The San Francisco Dependency Drug Court (DDC) serves parents and children involved in the juvenile dependency system as a result of child abuse and/or neglect stemming, in part, from parental substance use. DDC is a court-supervised family support program for parents seeking to reunify with their minor children and/or maintain them in their care. DDC uses a multidisciplinary treatment team approach to develop appropriate recommendations for services, monitor parents' progress in their recovery, and ensure families receive appropriate support for long-term stability.

DDC emphasizes clean and sober parenting, housing stability, and permanency for children with the preferred outcome of family reunification. Services include: court monitoring, substance use assessment, highly coordinated treatment, intensive case management, drug testing, priority referrals to transitional housing, and other family support services.

### DDC'S GOALS ARE TO:

- Increase reunification rate among families involved in the juvenile dependency system that are impacted by parental substance use;
- Increase placement stability and reduce re-entry into foster care after reunification;
- Provide highly coordinated and clinically-focused substance use treatment and ancillary service planning, ensuring that parents can participate in the decision making process;
- Increase inter-agency collaboration, knowledge-sharing, and cross-systems efficiencies;
- Promote early bonding and attachment and improve developmental outcomes for children 0-5 years old.

## NEW PROGRAM INFORMATION

In November 2013, DDC partners began a three-part application process for the Prevention and Family Recovery (PFR) project. Funded by the Doris Duke Charitable Foundation and implemented by Children and Family Futures, PFR seeks to promote child well-being by implementing evidence-based parent education and increasing access to children's therapeutic services. PFR will also provide intense technical assistance to support systems change. San Francisco was selected as one of these sites, with planning and implementation beginning in mid-2014.

## PROGRAM ACTIVITY

In 2013, DDC received 76 referrals and admitted 54 clients. A total of 81 clients received DDC services during the year, including both entering and continuing clients. Thirteen clients completed all requirements and graduated from the program.

# JUVENILE REENTRY COURT

## OVERVIEW

The Juvenile Reentry Court (JRC) was established in 2009 by the Juvenile Probation Department and the Office of the Public Defender to provide coordinated and comprehensive reentry case planning and aftercare services for high needs foster youth in the juvenile delinquency system. The goal is to reduce recidivism, improve the outcomes for youth, and increase public safety.

The model establishes a collaborative team approach in the development and implementation of reentry plans for youth returning home from out-of-home placement. Participants receive an integrated case plan during their transition and community reintegration process which is developed by the youth and their families. Three months prior to completion of out-of-home placement, the plan is finalized and may include housing, vocational training, education, therapy and/or drug treatment, and any other services needed to ensure the minor's success. JRC employs evidence-based practices (motivational interviewing, cognitive behavioral therapy) and utilizes risk-needs assessment tools that further enhance the appropriate treatment plan.

## NEW PROGRAM INFORMATION

JRC is continually seeking partnerships and services to improve outcomes for youth. Examples include establishing relationships with local transportation agencies to obtain free or discounted public transportation and incorporating a paid work program at Log Cabin Ranch (a court run school and boarding facility) so that youth can earn wages prior to their return to the community. The team also organized several field trips to visit schools and other programs to gain knowledge about the programs with whom they partner.

The success of JRC has surpassed all expectations and program expansion has been underway in the past year. Extending JRC to include graduates of Log Cabin Ranch required new procedures. Additionally, program collaboration increased from one dedicated public defender to include 30 panel attorneys who were trained by the Administrative Office of the Courts to improve their understanding and buy-in of the program.

## PROGRAM ACTIVITY

In 2013, the Juvenile Probation Department (JPD) reports that 59 youth were served in the program. Of the 59 youth, only 7, which accounts for less than 12%, have been adjudicated for another offense. Of the 7 youth, some were gang-entrenched or criminally sophisticated youth in the system with the remainder having significant mental health or competency issues. [JPD reports that some minors in this cohort of 59 have been rearrested but not yet adjudicated.]