Behavioral Health Court

San Francisco’s Behavioral Health Court (BHC) was created in 2002 in response to the increasing numbers of mentally ill defendants cycling through the jails and courts. The mission of BHC is to enhance public safety and reduce recidivism of criminal defendants who suffer from serious mental illness by connecting them with community treatment services - and to find appropriate dispositions to the criminal charges by considering the defendant’s mental illness and the seriousness of the offense. At any given time, there are approximately 140 defendants participating in BHC. Since its inception, 251 defendants have graduated from the program.

Only in-custody defendants with an Axis I Mental Disorder are eligible for BHC. Additionally, BHC accepts clients with severe personality disorders and those with co-occurring diagnoses of mental health and substance abuse. Program entry is at the discretion of the District Attorney, and is limited to criminal cases in which the behavior that led to the offense was related to mental illness. BHC is a collaborative effort of the San Francisco Superior Court, Office of the District Attorney, Office of the Public Defender, Adult Probation Department, Department of Public Health, Jail Psychiatric Services, Jail Aftercare Services, UCSF Citywide Case Management Forensics and the Sheriff’s Department.

BHC Program Components

Upon acceptance into the program, BHC clinical providers develop an individualized treatment plan for each client that includes intensive case management, medication management, psychiatric rehabilitation, supportive living arrangements, and substance abuse treatment.

Throughout their participation in BHC, clients attend regular judicial status hearings. In order to graduate, clients must participate in BHC for a minimum of one year, demonstrate consistent engagement in treatment, and remain arrest free.

BHC and Evidence Based Practice

BHC has adopted a variety of evidence based practices for treating mentally ill offenders. The BHC team currently applies the following: Forensic Assertive Community Treatment, Illness Management and Recovery, Trauma Informed Care, Integrated Dual Diagnosis Treatment, Dialectical Behavior Therapy and gender specific treatment for women.

Supported Employment

BHC’s Supported Employment Program, run by Citywide Case Management Forensics, provides additional support to clients with major mental illness by helping them to find and maintain employment. The goal is to provide competitive work in settings that match the
capabilities and interests of clients who have traditionally faced barriers to competitive employment.

**Continuum of Care**
BHC is committed to providing a seamless continuum of care beginning with in-jail services, transitional care prior to release, and early release into the community. Jail Psychiatric Services (JPS) provides psychiatric treatment to inmates and is the first link to the continuum of care model. JPS screens inmates for BHC eligibility, presents the case to the BHC legal team, and provides case management services as clients leave the jail and connect with community treatment providers. The continuum of care concept is one of the most innovative in the county and is responsible for enhancing a client’s successful return to the community.

**BHC Saves Money**
- On average, each participant saves the criminal justice system over **$10,000** during the first year of BHC (as compared to the previous year).

**BHC Reduces Recidivism**
- BHC participation reduces the probability of a new criminal charge by **26 percent** in the 18 months after entering the program.
- BHC participation reduces the probability of a new *violent* criminal charge by **55 percent** in the 18 months after entering the program, when compared to other mentally ill inmates.

**BHC Wins Award**
- In 2008, BHC received a ‘best practices’ award from the Council on Mentally Ill Offenders (COMIO). Recipients of this award are recognized for successfully managing a program that reflects best practices in California, for treating mentally ill patients, to decrease the likelihood of their involvement with law enforcement, and to increase the likelihood of an effective transition back into the community.