



City and County of San Francisco  
London N. Breed  
Mayor

## San Francisco Department of Public Health

Grant Colfax, MD  
Director of Health

### **FOR IMMEDIATE RELEASE:**

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## **SF Health Commission recognizes incarceration as a public health issue**

**San Francisco, CA** – The San Francisco Health Commission yesterday unanimously passed a [resolution](#) recognizing incarceration as a public health issue in the City and County of San Francisco. The commission directed the Health Department to develop proposals to prevent incarceration, improve data and analysis, expand discharge planning and coordination within and outside the department among programs that serve the populations most impacted by incarceration.

The Health Commission noted that incarceration impacts the health and wellbeing of those imprisoned along with their families and communities, with particular impact on low-income communities, people of color, including African American men, cisgender and transgender women, transitional age youth (18 to 25 years-old) and people experiencing homelessness. These groups are disproportionately represented in the San Francisco County Jail (SFCJ) population. Approximately 40 percent of those incarcerated in SFCJ are homeless or marginally housed. Transitional age youth are 17 percent of the jail population. Black/African-Americans represent 38 percent of those booked at the SFCJ, comprise approximately 50 percent of those who remain incarcerated in SFCJ, and are the racial group that is incarcerated in the SFCJ for the longest duration.

The Health Department provides Jail Health Services in San Francisco, and conducted medical intakes on 11,964 individuals in the last fiscal year. In 2018, approximately 22 percent of individuals incarcerated in San Francisco County Jail at any given time were diagnosed as seriously mentally ill, and 80 percent of bookings involved individuals who reported substance use.

“Jails are not healing environments, and we know that incarceration can have a lasting traumatic effect,” said Dr. Edward A. Chow, President of the San Francisco Health Commission. “At the same time, we know that criminalization of homelessness and poverty, substance use disorders, and mental illness leads to incarceration. That paradox tells us that people are not getting the help they need, and we can do better.”

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To make matters worse, individuals in California lose their Medi-Cal coverage when incarcerated, and upon release Medi-Cal eligibility can take 30 days or more to reestablish. The lack of Medi-Cal access upon release from SFCJ can be an obstacle to continuing necessary medical, mental health, and substance use treatment.

“Incarceration is an equity issue,” said Dr. Grant Colfax, San Francisco Director of Health. “By calling out the health effects of jail and the incarceration system, the Health Commission is continuing to lead and push us to do a better job serving communities that are disproportionately affected by incarceration, by poor health status and by the social determinants of health. I am excited to pursue this work to make lasting improvements in the health status of San Franciscans.”

The San Francisco Board of Supervisors directed the Department of Public Health (DPH) and the San Francisco Sheriff Department to lead the [Work Group to Re-Envision the Jail Replacement Project](#) in 2016. That effort, which was also co-chaired by Roma Guy, involved more than 30 city officials and community leaders with expertise in criminal justice and mental health, and resulted in a June 2017 [final report](#) and recommendations.

The Health Commission has requested that DPH staff develop a report that outlines action steps, incorporates harm reduction, evidence-based practices, and addresses recommendations from the final report of the Work Group, which was most recently updated and presented to the Board of Supervisors in [October 2018](#):

- To maximize efforts within DPH’s control to prevent people from being incarcerated
- To increase effective collaboration related to incarceration within DPH programs and community partners
- To improve data collection and analytics
- To increase the effectiveness of health services across the continuum of care
- To expand discharge planning, linkage to community and reentry services
- To work on mitigating the contributing factors of health inequity and the harmful impact of incarceration on individuals, families and communities

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