

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 19-5**

INCARCERATION IS A PUBLIC HEALTH ISSUE

WHEREAS, the mission of the San Francisco Department of Public Health (SFPDH) is to protect and promote the health of all San Franciscans.

WHEREAS, incarceration is the state of an individual being forcibly confined in jail or prison; and

WHEREAS, DPH is committed to working with multiple departments and community agencies in the City and County of San Francisco involved in the criminal justice system to provide health interventions for individuals incarcerated that are dealing with trauma and other identified health needs; and

WHEREAS, DPH recognizes that adverse childhood experiences and social inequities, such as institutional racism, leads to disproportionate involvement of people of color throughout the justice system; and

WHEREAS, criminalization of homelessness and poverty, substance use disorders, and mental illness ~~may~~ leads to incarceration; and

WHEREAS, jails and prisons are not healing or trauma informed environments; and

WHEREAS, each experience of being incarcerated is physically and psychologically traumatic with lasting ~~impact on~~ harm to individuals, their families, communities, ~~and especially to pregnant mothers; and~~

WHEREAS, underserved populations such as homeless, socio-economically disadvantaged, transitional aged youth (TAY) and Black/African American individuals are disproportionately represented in the San Francisco County Jail (SFCJ) population;

- Approximately 40% of those incarcerated in SFCJ are homeless and/or marginally housed; and
- Transitional age youth (TAY), ages 18-25, had the highest number of bed days of any age group in SFCJ custody and were 17% of the SFCJ population; and
- Black/African-Americans represented ~~38%~~ 38% of those booked at the SFCJ, comprise approximately 50% of those who remain incarcerated in SFCJ; ~~and are the racial group that remains is~~ incarcerated in the SFCJ for the longest period; and

WHEREAS, under state and local law, the San Francisco Sheriff's Department is authorized to operate the SFCJ; and

WHEREAS the San Francisco Department of Public Health (SFPDH) Jail Health Services (JHS) partners with the SF Sheriff's Department to provide medical and behavioral health care to individuals in ~~the~~ custody; and

WHEREAS, the SFPDH JHS served 11,964 unique individuals who completed a medical intake (2017-2018) while incarcerated at SFCJ; and

WHEREAS, 27% of ~~inmates~~ incarcerated individuals were referred to Jail Behavioral Health Services; of this group, 71% received ongoing behavioral health care; and

WHEREAS, in 2018, approximately 22% of individuals incarcerated in SFCJ at any given time are diagnosed as seriously mentally ill (SMI); and

WHEREAS, 80% of bookings in SFCJ involved individuals who reported substance use; and

WHEREAS, the average length of incarceration was longest for ~~inmates~~ individuals with co-occurring substance use and SMI; and

WHEREAS, individuals in California lose their Medi-Cal status 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 accessing necessary medical, mental health, and substance use treatment; and

WHEREAS, the Sequential Intercept Model, developed to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal justice system, outlines six points of interception; and

WHEREAS, SFDPH interventions, programs, and services support every intercept in San Francisco by offering key services to individuals prior to, during, and post release from entering and exiting the criminal justice system; and

WHEREAS, ~~community-based treatment should be the first~~ is always the preferred option for addressing an individual's severe behavioral health and/or substance use issues; and

WHEREAS, SFDPH operates programs aimed at improving the social determinants of health in all stages of life;

THEREFORE, BE IT RESOLVED, that the Health Commission recognizes incarceration to be a public health issue impacting the health and wellbeing of individuals incarcerated and the families and communities of those incarcerated, with particular impact on low-income communities, and people of color, specifically including African American men, cisgender and transgender women, and Transitional Age Youth (18-25); and be it

FURTHER RESOLVED, the Health Commission requests that the SFDPH develop research and submit a report to the Commission that outlines a roadmap, action steps with projected budget initiatives, incorporating harm reduction, and evidence-based and best practices, and addressing SFPDH-related recommendations from the 2018 final report of the Work Group to Re-Envision the Jail Replacement Project:

- ~~To~~ maximize efforts within its control to prevent individuals from being incarcerated;
- To increase effective collaboration within SFDPH programs and community partners of systems that impact and respond to incarceration;
- To improve data collection and analytics; efficiency and
- To increase the effectiveness of medical and behavioral health services across the continuum of care;
- ~~To~~ enhance and expand post-release discharge planning, linkage to relevant services in the community, and other reentry services; and
- To work on mitigating the known contributing factors of health inequity and the harmful impact of incarceration on individuals, families, and communities.

The report will inform citywide efforts to improve the systems that strive to prevent and respond to issues related to incarceration.

I hereby certify that the San Francisco Health Commission at its meeting of March 19, 2019 adopted the foregoing resolution.

Mark Morewitz
Executive Secretary to the Health Commission