

**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, 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 the 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 lead to incarceration; and

WHEREAS, each experience of being incarcerated is physically and psychologically traumatic with lasting impact on 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 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% of those incarcerated in SFCJ; and are the racial group that remains 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 (SFDPH) 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 SFDPH JHS served 11,964 unique individuals who completed a medical intake (2017-2018) while incarcerated at SFCJ; and

WHEREAS, 27% of inmates 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 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 entering and exiting the criminal justice system; and

WHEREAS, community-based treatment should be the first option to address 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 impact on low-income communities and people of color, specifically African American men; and be it

FURTHER RESOLVED, the Health Commission requests that the SFDPH research and submit a report to the Commission that outlines a roadmap, incorporating harm reduction and best practices, to maximize efforts within its control to prevent individuals from being incarcerated; to increase collaboration, efficiency and 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 and the impact of incarceration on families and communities.

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

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Mark Morewitz  
Executive Secretary to the Health Commission