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 (SFDPH) is to protect and promote the health of all San Franciscans.

WHEREAS, social, economic and environmental determinants of health may predict criminal justice involvement; and

WHEREAS, adverse childhood experiences such as physical and/or emotional abuse or neglect; sexual abuse; exposure to violence at home; parental substance use and/or parental mental health issues; and incarceration of a guardian, are linked to poorer health outcomes including physical health, substance use, and mental health disorders; and

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

WHEREAS, structural and institutional racism may lead to disproportionate involvement of people of color throughout the justice system; and

WHEREAS, incarceration can lead to loss of housing which increases the likelihood of homelessness post release from the San Francisco County Jail (SFCJ); and

WHEREAS, the cycle of recidivism results in a cohort of San Francisco’s most underserved populations that spends their lives entering and exiting SFCJ, without opportunities to experience meaningful stabilization; and

WHEREAS, due to the cycle of recidivism, the SFCJ serves as a de facto primary medical and behavioral health home for many who are incarcerated; and

WHEREAS, Nationwide 80% of incarcerated women are mothers, most are single-parents; 86% of incarcerated women have experienced sexual violence, many have been forced into sex work; and

WHEREAS, the experience of being incarcerated is physically and psychologically traumatic; 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; and

WHEREAS, approximately 40% of those incarcerated in SFCJ are homeless and/or marginally housed; and

WHEREAS, 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

WHEREAS, 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, 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 San Francisco Sheriff’s Department has authority to operate the SFCJ; and

WHEREAS the SFDPH, by invitation of the Sheriff, provides medical and behavioral health care in the SFCJ, including operating a locked hospital ward at Zuckerberg San Francisco General Hospital; and

WHEREAS, the San Francisco Department of Public Health (SFDPH) Jail Health Services (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 were diagnosed as seriously mentally ill (SMI); and

WHEREAS, 80% of bookings in SFCJ involved individuals who reported using any kind of substances; and

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

WHEREAS, 32 pregnant women were incarcerated in SFCJ during 2018; and

WHEREAS, the SFDPH coordinates with other City and County Departments in regard to issues related to incarceration in San Francisco:

- San Francisco Sheriff’s Department operates the SFCJ, in addition to pretrial and alternative sentencing programs;
- San Francisco Police Department has jurisdiction over law enforcement;
- San Francisco District Attorney has jurisdiction over the prosecution of crimes;
- San Francisco Public Defender provides legal advocacy in an effort to defend indigent clients in the courts;
- San Francisco Adult Probation provides court-ordered supervision of 6,000 clients, diversion programs and post-release community supervision;
- San Francisco Superior Courts are responsible for adjudication of criminal cases; 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, including but not limited to:

0) Community Prevention (Nurse, Family Partnership, HOPE SF, Community-Based Outreach/Interventions, Street Medicine, Crisis Response Team and Street Violence Intervention Program,
1) Law Enforcement (Law Enforcement Assisted Diversion (LEAD)/Community Assessment Service Center (CASC), EMS-6 Team/Sobering Center, Crisis Intervention Team),
2) Initial Detention and Initial Hearing (Behavioral Health Court, Drug Court, Community Justice Center (CJC), SFCJ Health Services, Assisted Outpatient Treatment),
2) Awaiting Trial and Trial (Behavioral Health Court, Drug Court, CJC, Jail Health Services, Mental Health Diversion),
4) Incarceration and Reentry (CASC Case Management /Offender Treatment Program, Mentoring Advocacy Peer Support (MAPS), Jail Health Services),
5) Community Corrections and Supports (CASC/Offender Treatment Program, Promoting Recovery and Services for the Prevention of Recidivism (PRSPR), Transitions Clinic Network, Jail Health Services)

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 on African Americans; and be it

FURTHER RESOLVED, the Health Commission encourages the SFDPH to research and submit a report to the Commission that outlines recommendations and strategies 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 effects of incarceration on families and communities.

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

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Mark Morewitz
Executive Secretary to the Health Commission