

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 19-
INCARCERATION AS A PUBLIC HEALTH ISSUE**

WHEREAS, according to the San Francisco Department of Public Health Jail Health Services (JHS) 13,646 individuals experienced a medical intake (2016-2017) into the San Francisco county jails; and, CITATION: Lisa A. Pratt, MD, MPH, Director, *Jail Health Services Report, 2018*; and

WHEREAS, 65% of people in jail were held less than 7 days; 18% were held 7 to 30 days; and, 16% were held for 30 days or more; and, CITATION: Lisa A. Pratt, MD, MPH, Director of *Jail Health Services Report, 2018*; and

WHEREAS, 85% held in San Francisco county jails are awaiting trial and thus, are unsentenced and legally innocent until proven guilty; and CITATION: SF Controller's Report June 15, 2015, *Update to the Jail Population Forecast, Table 2, p6, Demographics*; and

WHEREAS, between November 2014 and October 2018, 84.5% of bookings were "associated" with a history of substance use combined with a serious mental illness (SMI) diagnosis, and CITATION: City & County SF, Board of Supervisors, Budget & Analyst Report, *audit DPH, Community Behavior Health Services through Jail Health Services*", December 4, 2018; and

WHEREAS, a minimum of 13.7% of jail prisoners have been diagnosed as SMI; and 40% have been engaged in the SFDPH mental health system prior to arrest; and, CITATION: *Director of Public Health, Jail Replacement Project Report, Board of Supervisors, 2018*; and

WHEREAS, the homeless population in jails is estimated at 30% (homelessness is not a data point collect by Police or Sheriff)and has been increasing in 2018; and, high users of multiple medical and users of behavioral health systems have significant incarceration histories and experience "the revolving door" phenomenon of cycling from jail-homelessness-PES, and, research verifies that homelessness and incarceration increases poor health status, premature aging, disability and death; and *Work Group to Re-envision the Jail Replacement Project*; and

WHEREAS, among women, the strongest correlate of homelessness is recent incarceration, CITATION: <http://www.ncbi.nlm.nih.gov/pmc/article/PMC2231829> ; and

Low adherence to Antiretroviral Therapy (ART) & illicit drug use are strong predictors of poor mental & physical health status among HIV-infected homeless and unstably housed adults but among those predictors, food, hygiene, shelter have a stronger impact (CITATION: Riley, ED, Moore K, Sorensen, JL Tulsy JP Bangsberg DR and Neilands TB, *Basic Subsistence Needs & Overall Health Among Human Immunodeficiency Virus-infected homeless & unstably Housed Women, Am J Epidemiology, 2011 September 1:174(5). <http://www.ncbi.nlm.nih.gov/pubmed/21749972>.)and the *San Francisco Behavioral Court report #92*, March 2018 reported 45% new clients are homeless and of those clients who completed the program in 2016-2017, 80% had a history of homelessness; and*

WHEREAS, younger age prisoners 18-35 have the highest number (30%) of bed days of any age group in custody and experience the most prolonged jail stays of any age, youth ages 18 to 25 (TAY) occupy 25% of beds and are only 12% of the San Francisco population, and, CITATION: *Youth Commission Annual Report 2017 and Jail Replacement Brief 5*, July 2016 and LYRIC 2018 annual report data shows that 59% of youth are homeless or marginally housed, 45% have a history of incarceration and 80% (500 clients) are San Franciscans; and

WHEREAS, in 2017, 219 (2%) of jail prisoners were older than 65 and, aging is the fastest growing population in SF with a projected increase of 100,000 by 2030 indicating that homeless shelters which is also an indicator of homelessness means that more aging people will experience incarceration, and, CITATION: Office of the Controller, 2016 and 2018 and *JAIL REPLACEMENT PROJECT, BRIEF 5, JULY 2016*; and

WHEREAS, Black/African-Americans have consistently represented more than 50% of prisoners in Jail for the past 40 years, as acknowledged by the District Attorney, the Sheriff and the Public Defender; and, CITATION: James Austin, Wendy Nero-Ware, Roger Ocker, Johnette Peyton, The JFA Institute, *Analysis of the San Francisco County Jail Population, 2018* and confirms despite changes in policy and practice, the number of cis/transgender females in custody remains static at about 10% and cis/transgender women experience significant levels of administrative segregation in jail; and

WHEREAS, prisoners lose their Medi-Cal status and upon release Medi-Cal eligibility can take 30 days or more to reestablish and the lack of Medi-Cal access on release from jail is an obstacle to accessing necessary medical, mental health, and substance use treatment; and

WHEREAS, several recent Grand Jury Reports, Budget Analyst Reports (2016 & 2018) and JRP reports (2016, 2017-2018) indicate that Jail Health Services require a more comprehensive and more integrated model of care that to include access and monitoring of care and staff supported placement services to improve exits to community-based health care settings and supportive housing to reduce high rates of recidivism and to reduce the harmful and expensive public health expenditures among county jail prisoners; and,

WHEREAS, in 2015, 4% of total jail beds days were occupied by approximately 360 individuals awaiting access to behavioral health community-based placement, treatment, appropriate step-down community based supportive housing and, CITATION Board of Supervisors, June 13, 2017; and

WHEREAS access to step down, permanent housing options, and supportive housing are essential to improving the health of jail prisoners on release; and

WHEREAS the Sequential Intercept Model of: 0) Community-based Wellness & Prevention 1) Law Enforcement, 2) Initial Detention and Initial Hearing, 3) Awaiting Trial and Trial, 4) Incarceration and Reentry, 5) Community Corrections and Supports including interventions by DPH at each of these levels; and

WHEREAS, racial bias, implicit and explicit, does have an impact at every discretionary point in the criminal justice system; CITATION: *SF Justice Reinvestment Initiative: Racial & Ethnic Disparities Analysis for the Reentry Council*, W. Haywood Burns Institute, June 23, 2015 (www.burnsinstitute.org); and

THEREFORE BE IT RESOLVED, that the Health Commission recognizes incarceration to be a public health issue impacting the health and well-being of individuals incarcerated and the families and communities of those incarcerated, with particular impact on low-income communities of Black/African Americans; and be it

FURTHER RESOLVED, that the Health Commission requests that the SFDPH report to the Health Commission Community and Public Health Committee on a quarterly basis in 2019 regarding its analysis and actions related to the recommendations contained in a Position Paper.

I hereby certify that the San Francisco Health Commission at its meeting on XXX, 2019, adopted the foregoing resolution

Mark Morewitz, MSW
Health Commission Executive Secretary

DRAFT