

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 155-89

GUIDING PRINCIPLES FOR LONG-TERM STRATEGIC PLAN

APPROVING GUIDING PRINCIPLES FOR DEVELOPMENT OF
LONG-TERM STRATEGIC PLAN FOR JAIL MEDICAL AND PSYCHIATRIC
SERVICES

WHEREAS, it is the responsibility of the Department of Public Health to provide appropriate health care to county jail prisoners through the Division of Forensic Services; and,

WHEREAS, the Department of Public Health is committed to providing appropriate medical and psychiatric care to individuals in the criminal justice system that meets community standards and is also committed to regularly reviewing quality of care at Joint Conference Committees with periodic reports issued to the Health Commission; and,

WHEREAS, the Health Department acknowledges that Federal Court Consent Decree and criminal justice agencies have set forth certain standards for the provision of health services in the county jail systems; and,

WHEREAS, the Mayor's Criminal Justice Council (MCJC) has recommended that Proposition 52 funds be used to fund long-term psychiatric and medical plans mandated by Federal Consent Decree; and,

WHEREAS, health care services in the jail are comprehensive and include prevention and education, routine examinations, emergency, medical, surgical and psychiatric care as well as hospitalization (at San Francisco General Hospital) when necessary; and,

WHEREAS, there should be continuity in health care for jail inmates, including coordination with health services in the community and discharge planning to assure follow-up care in the community; and,

WHEREAS, the approach to budgeting for jail health services should be structured similarly to other court-mandated city services; and

WHEREAS, that the development of alternative community based programs may result in the reduction of overall health care costs in jail health services, while simultaneously increasing the need for allocation of funding to the Health Department's Substance Abuse, Mental Health, and Community Public Health programs; now, therefore, be it

RESOLVED, that alternatives to incarceration and diversionary programs should be developed for public inebriates and individuals charged with minor offenses and whose primary problems relate to mental illness and/or substance abuse because such alternatives are desirable from both public health and humanitarian points of view and are cost-effective as well; and, be it

FURTHER RESOLVED, that the Department review the impact of these alternative programs on the Health Department's Substance Abuse, Mental Health, and Community Public Health Programs to assure adequate resources; and, be it

FURTHER RESOLVED, that inter-departmental/multi-service diversionary programs, with blended funding from the Department of Public Health, the Department of Social Services and criminal justice agencies shall be explored and developed whenever feasible--in coordination with the Mayor's Office-- to ensure the provision of effective diversion programs with a minimum of duplication of services; and, be it

FURTHER RESOLVED, that for those prisoners who remain in the county jail system and require the care of Jail Medical and Jail Psychiatric Services, an infirmary, a sheltered care unit, renovated satellite clinics, and designated general population beds shall be developed to comprise a continuum of care from arrest to release, in the jail system; and, be it

FURTHER RESOLVED, that the Division of Mental Health, Substance Abuse and Forensic Services will provide a long-term plan for forensic services consonant with expectations of the Health Commission, Federal Court and State correctional agencies which will be regularly reviewed and revised; and, be it

FURTHER RESOLVED, that the Health Commission conceptually approves the guiding principles for development of a long-term plan for jail medical and psychiatric services and support the use of Proposition 52 funds to provide long-term psychiatric and medical plans mandated by Federal Consent Decree.

I hereby certify that the foregoing resolution was adopted unanimously by the Health Commission at its meeting of October 3, 1989



Sandy Ouye Mori
Secretary to the Health Commission