Work Group to Re-envision the Jail Replacement Project
Issue Brief: Data Review

A. Introduction

This data review was produced in response to a request from the work group at the July 8, 2016 meeting. The work group requested more granular demographic and case information on the groups of people within San Francisco's jails that occupy the most bed days in a given year. This brief includes the results of the preliminary analysis completed in response to this request and an explanation of the work required to comprehensively analyze missing information.

B. Background

At last month's meeting, the Office of the Controller presented information from its most recent jail population forecast[1] that estimates by how many people the City would need to reduce the jail population to permanently close the seismically deficient County Jails #3 and #4 without needing to build a replacement facility. The Office of the Controller explained that, when determining the impact of potential work group recommendations on the jail population, it is important to measure impact in terms of reducing overall bed days (i.e., total days spent in jail by all incarcerated people) rather than reducing the number of people in jail.[2] The Office of the Controller's analysis concludes that, to negate the need for a replacement facility, work group recommendations should strive to reduce the number of occupied bed days in a given year by 83,220.

In response, work group members requested more granular information on the groups of people within San Francisco's jails that occupy the most bed days in a given year, including breakdowns of the jail population based on:

- Length of stay (i.e., how long people have been in custody)
- Demographic information (e.g., race/ethnicity, gender, age, and neighborhood of residence)
- Charging information (i.e., the criminal charges that individuals within the jail population are facing)
- Bail amount (i.e., the bail amounts set for individuals in the jail population)
- Conviction status (e.g., pretrial or sentenced)
- Mental health information (e.g., suffering from a serious mental illness)

Work group members suggested that information such as that outlined above would help them to prioritize recommendations and potential strategies for reducing the jail population.

C. Approach

In an effort to respond to the work group's request for more detailed information on San Francisco's jail population, the Sheriff's Department convened a meeting with the Office of the Controller and work group member James Bell (Founder and Executive Director of the Burns Institute). To respond to the work group's request, Mr. Bell suggested that the Sheriff's Department

[1] The Office of the Controller's June 2015 population forecast (entitled "Update to the Jail Population Forecast") can be found at http://sfcontroller.org/.
[2] A full explanation of why it is important to measure impact in overall bed days is included on page 2 of the issue brief on facility options that was prepared for the July 8, 2016 meeting of this work group. This issue brief can be found on the work group's webpage at http://bit.ly/JRPworkgroup.

and Office of the Controller use an approach that his office has used in the past. This approach can be summarized as follows:

1. Calculate how many total bed days were occupied in a recent year by people incarcerated in San Francisco jails.
2. Filter out subpopulations that work group recommendations could not affect (e.g., people held on out-of-county warrants). Calculate how many total bed days these subpopulations occupy in a given year.
3. Filter out subpopulations that work group recommendations could affect (e.g., people waiting for a bed in a residential treatment facility). Calculate how many total bed days these subpopulations occupy in a given year. Break down these total bed days by variables such as length of stay, demographic information, charges, bail amounts, conviction status, and mental health information.
4. Present above analysis to work group at August 12, 2016 meeting.

The idea behind this approach was to demonstrate that:

- There are a certain number of bed days occupied by people in San Francisco's jails that work group recommendations *could not* affect.
- There are a certain number of bed days occupied by people in San Francisco's jails that work group recommendations *could* affect.
- The subpopulations that occupy the most bed days that work group recommendations could affect share certain demographic characteristics, have been in custody for a certain length of time, are predominantly facing certain charges, are subject to certain bail amounts, are at a certain point in the life of their cases, share certain mental health information, etc.

The goal was to present this information to the work group at the August 12, 2016 meeting to help members begin to focus recommendations on subpopulations that together occupied at least 83,220 bed days in a given year.

However, various challenges associated with available data have prevented the Sheriff's Department and the Office of the Controller from completing this analysis by August 12, 2016. These data limitations are summarized as follows (see Appendix A for more detailed information on what data is currently unavailable and why):

- There is incomplete and unreliable data on certain variables.
- Information for certain variables changes over time (i.e., the case status, bail amount, and charges associated with an incarcerated individual may change within a year).
- Data on certain variables would require many staff hours to consolidate and clean for analysis.
- Data on certain variables is not currently collected by the City.

As a result, the analysis presented herein is limited to overall demographic characteristics of the jail population occupying beds in calendar year 2015 and their total lengths of stay. The Technical Support Team encourages this work group to consider recommending that the City continue to work to overcome identified challenges and complete the analysis as originally intended.

D. Methodology

The figures that follow are derived from data on all individuals except federal detainees[3] that were housed in San Francisco's jails at any point in calendar year 2015. An individual included in this dataset may have been:

- Booked in 2015 and released in 2015
- Booked in 2015 and released after 2015 (up to July 28, 2016[4])
- Booked prior to 2015 and released in 2015
- Booked prior to 2015 and released after 2015 (up to July 28, 2016)

Lengths of stay were calculated by summing the total number of bed days occupied by each individual in the dataset. This calculation includes the sum of all bed days occupied by individuals in custody on a single booking as well as the sum of bed days occupied by individuals in and out of custody on multiple bookings.

It is important to note that the bed day calculations included in this analysis should not be interpreted as the bed days occupied by groups of people within the jail population in a single calendar year. There are people in the dataset that were in custody or have been in custody for longer than one calendar year; thus, this analysis includes the summation of bed days occupied by all individuals except federal detainees in 2015 and beyond. A separate analysis would be required to calculate how many bed days groups of people in the jail population occupied in 2015.

Figure 1 shows the impact of federal detainees on jail bed days represented in the dataset. Their removal from the dataset has a minimal impact on the jail bed day statistics cited throughout this brief (one less bed day on average) and reduces total bed days accounted for in the dataset by 22,106 (2.6%).[5]

Figure 1: Federal Detainee Impacts

Length of Stay Measure	Including Federal Detainees	Excluding Federal Detainees	Difference (Impact of Federal Detainees)
Average Bed Days	80.8	79.8	1.0
Median Bed Days	4.6	4.6	0
Bed Day Range	0.01 to 4,487	0.01 to 4,487	None
Total Bed Days	859,996	837,890	22,106
Count of Individuals Housed	10,648	10,502	146

[3] Under a contract between the Sheriff's Department and the U.S. Marshals Service, approximately 35-40 federal detainees are housed in County Jail #4 on any given day while they are standing trial in San Francisco. Sheriff Hennessy has stated publicly that she is open to terminating this contract. Figure 1 shows the impact that including federal detainees would have had on the analyses in this brief.
[4] The data used for the analyses in this brief was exported on July 28, 2016.
[5] Federal detainees accounted for 14,299 bed days in 2015, or 3.3% of the 439,708 bed days occupied by all inmates in 2015.

E. Analysis

Figure 2 andFigure 3 compare the number of bed days occupied by incarcerated people in the dataset that have been in custody for certain periods of time with the number of actual people in custody during the same period of time. They demonstrate that although the bulk of the population in the dataset was in custody for less than 1 day to 60 days, these same people occupied far fewer bed days than those that were in custody for 60 days to over 5 years.

Figure 2: Share of Bed Days v. Share of Incarcerated Individuals

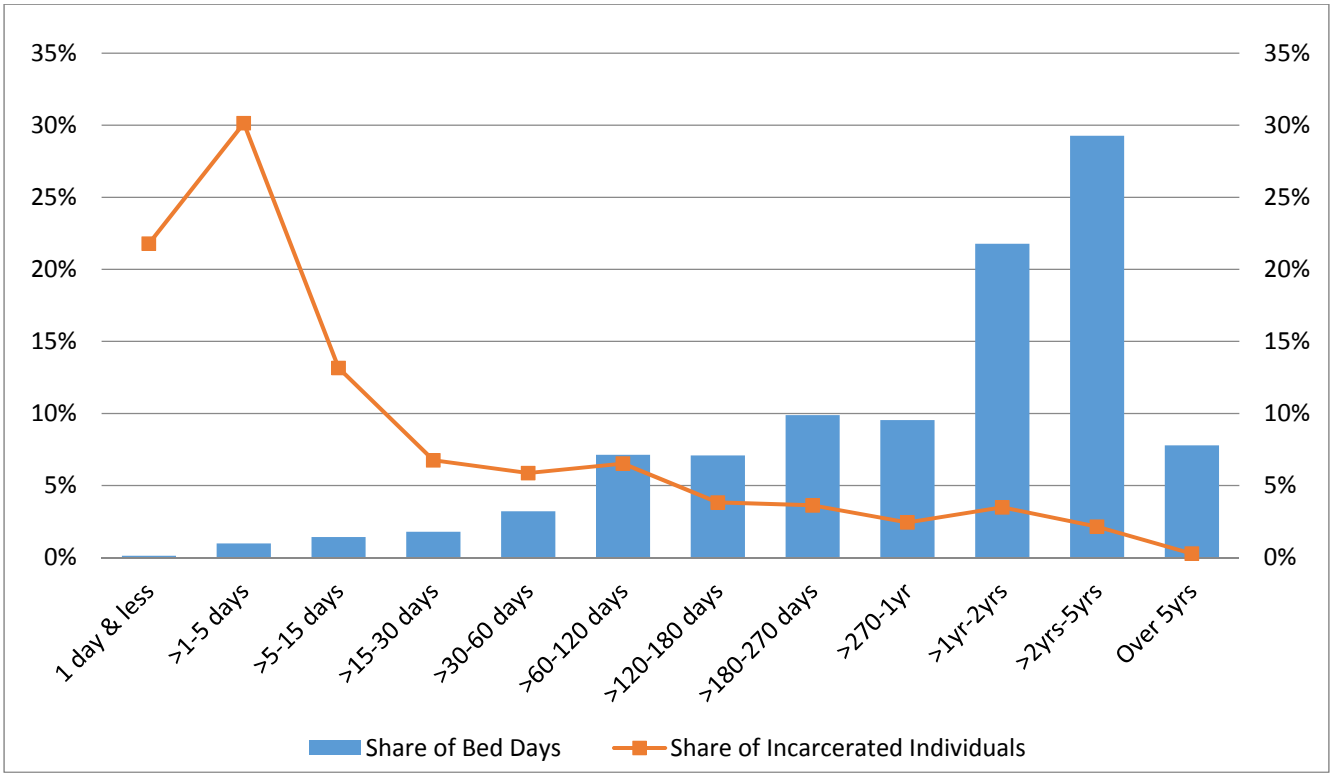

Figure 3: Bed Days and Incarcerated Individuals by Length-of-Stay Range

Days	Bed Days	Share of Bed Days	Count of Incarcerated Individuals	Share of Incarcerated Individuals
1 day & less	1,095	0.1%	2,288	21.8%
>1-5 days	8,220	1.0%	3,165	30.1%
>5-15 days	11,925	1.4%	1,382	13.2%
>15-30 days	14,971	1.8%	709	6.8%
>30-60 days	26,920	3.2%	616	5.9%
>60-120 days	59,762	7.1%	685	6.5%
>120-180 days	59,343	7.1%	401	3.8%
>180-270 days	82,796	9.9%	380	3.6%
>270 days-1yr	79,936	9.5%	256	2.4%
>1yr-2yrs	182,430	21.8%	366	3.5%
>2yrs-5yrs	245,209	29.3%	225	2.1%
Over 5yrs	65,282	7.8%	29	0.3%
	837,890	100%	10,502	100%

Current data limitations prevented the Sheriff's Department and the Office of the Controller from analyzing the conviction status, charges, and bail amounts behind the jail population breakdowns in Figures 2 and 3. These limitations are summarized as follows:

- Charges, conviction status, and bail amounts change during an individual's time in custody, and are thus difficult to capture in a one-year profile. In attempting to construct a one-day snapshot that would show these variables at a single point in time, the Sheriff's Department discovered inconsistencies in data entry that would result in unreliable data. As a result, the Sheriff's Department is making improvements to ensure consistent data entry that will result in greater accuracy of future studies.
- Incarcerated individuals are usually booked on several charges at once. Sheriff's Department staff must manually sort through data to account for the most serious charge related to each booking. The Sheriff's Department requires adequate time and resources to complete this manual work.

Bed Days by Gender

Figure 4 shows that men account for 773,448 (92%) of bed days in the dataset. Incarcerated women in the dataset were in custody for shorter lengths of time than men. Of the all the bed days occupied by women in the dataset, 38,170 (59%) were occupied by women who were in custody for less than one year. Of all the bed days occupied by men in the dataset, 466,789 (60%) were occupied by men who were in custody for over one year.

Figure 4: Number of Bed Days by Gender and Length-of-Stay Range

Gender	1 day & less	>1-5 days	>5-15 days	>15-30 days	>30-60 days	>60-120 days	>120-180 days	>180-270 days	>270-1yr	>1yr-2yrs	>2yrs-5yrs	Over 5yrs	Total
Female	261	1,608	1,964	1,939	3,414	6,201	5,994	8,217	8,572	11,204	9,974	5,093	64,441
Male	832	6,594	9,916	12,990	23,257	53,615	53,283	74,676	71,496	170,943	235,658	60,189	773,448
Grand Total	**1,093**	**8,202**	**11,880**	**14,929**	**26,671**	**59,816**	**59,277**	**82,893**	**80,068**	**182,147**	**245,632**	**65,282**	**837,889**

Bed Days by Ethnicity

Figure 5 shows that individuals identifying as black comprise 446,863 (53%) of total bed days in the dataset, the greatest proportion of bed days of all represented ethnicities. White and Hispanic people represent the second highest proportion of bed days, 179,246 (21%) and 126,665 (15%), respectively. Black people in the dataset were in custody for longer periods of time and occupied the greatest proportion of bed days among those in custody for over one year.

Figure 5: Number of Bed Days by Ethnicity and Length-of-Stay Range

Ethnicity	1 day & less	>1-5 days	>5-15 days	>15-30 days	>30-60 days	>60-120 days	>120-180 days	>180-270 days	>270-1yr	>1yr-2yrs	>2yrs-5yrs	Over 5yrs	Total
Black	331	3,392	5,087	6,241	11,747	28,153	30,852	39,279	35,293	98,131	151,488	36,870	446,863
White	372	2,406	3,965	4,996	8,336	16,801	16,326	21,280	19,520	38,929	34,685	11,631	179,246
Hispanic	236	1,546	1,791	2,436	3,912	8,837	6,942	13,374	16,281	22,201	38,151	10,957	126,665
Filipino	18	141	296	308	788	1,136	971	809	1,570	2,855	2,830	3,783	15,504
Chinese	31	142	76	27	309	1,062	945	2,098	1,246	6,007	917		12,859
Other	22	122	120	116	486	701	631	1,097	1,320	2,062	3,396	2,042	12,113
Less than 1%[6]	21	115	153	170	406	313	607	1,096	892	2,013	3,914		9,699
Samoan	6	44	133	104	169	772	474	1,570	845	5,245			9,363
Other Asian	14	91	84	204	174	716	645	607	589	400	5,655		9,178
Vietnamese	8	38	35	98	82	655	439	998	612	1,861	1,315		6,142
NULL	30	134	80	135	72	417	297	207	1,259	974	2,313		5,919
American Indian	5	32	60	94	191	253	149	476	643	1,470	968		4,340
Grand Total	1,093	8,202	11,880	14,929	26,671	59,816	59,277	82,893	80,068	182,147	245,632	65,282	837,890

[6] "Less than 1%" is a grouping of ethnicities that individually account for less than 1% of the total population. They are: Pacific Islander, Laotian, Korean, Cambodian, Asian Indian, Japanese, Guamanian, and Hawaiian.

Bed Days by Ethnicity and Gender

Figure 6 shows that general observations about the distribution of bed days by ethnicity hold when broken down by gender.

Figure 6: Number of Bed Days by Ethnicity and Gender

Ethnicity	Female	Male	Total
Black	31,457	415,405	446,863
White	17,275	161,970	179,246
Hispanic	6,025	120,640	126,665
Filipino	1,527	13,978	15,504
Chinese	2,323	10,536	12,859
Other	1,075	11,038	12,113
Less than 1%	372	9,327	9,698
Samoan	714	8,649	9,363
Other Asian	533	8,646	9,178
Vietnamese	1,441	4,701	6,142
NULL	269	5,650	5,919
American Indian	1,432	2,908	4,340
Total	64,441	773,448	837,889

Bed Days by Ethnicity by Age

Figure 7 shows that younger individuals (those under 35-years-old) account for the greatest number of bed days in the dataset. In particular, black individuals under 35-years-old account for 30% of bed days. The number of jail bed days occupied by most ethnic groups decline among older age ranges. However, among white, Chinese, and Vietnamese ethnicities, older individuals account for a greater proportion of their ethnic groups' jail bed days.

Figure 7: Bed Days by Ethnicity and Age Range

Ethnicity	18-25	26-34	35-45	46-64	65+	Total
Black	135,578	119,193	86,678	103,220	2,195	446,862
White	28,243	50,603	49,543	45,079	5,777	179,246
Hispanic	53,009	35,548	21,182	15,514	1,411	126,665
Filipino	4,576	4,769	4,559	1,592	8	15,504
Chinese	925	2,836	1,824	6,959	314	12,859
Other	4,511	2,580	2,566	1,812	645	12,113
Less than 1%	819	5,637	2,322	912	9	9,699
Samoan	4,698	1,678	2,762	225		9,363
Other Asian	759	4,809	2,899	558	153	9,178
Vietnamese	281	2,225	1,654	1,979	4	6,142
NULL	926	1,700	2,253	883	156	5,919
American Indian	1,044	1,739	1,146	404	8	4,340
Total	235,371	233,315	179,388	179,136	10,680	837,890

Self-Reported Area of Residence

Zip codes of residence in the dataset were converted to commonly accepted names of neighborhoods for Figure 8.

Figure 8 shows that the zip code of approximately one third (31%) of individuals in the dataset is unknown. Booking officers were unable to obtain the zip code of residence for individuals that fall under the "Unknown/Null" category. If a booked individual does not disclose this information, it is not recorded.

Ten percent of individuals in the dataset reported a zip code of residence outside of San Francisco. The greatest proportion of individuals in the dataset that reported a San Francisco zip code were from the following three areas of the City: Hayes Valley/Tenderloin/North of Market, Bayview-Hunters Point, and Inner Mission/Bernal Heights.

Figure 8: Share of Bed Days by Geography

Area of Residence	Share of Bed Days
Unknown/NULL	31.1%
Hayes Valley/Tenderloin/North of Market	11.9%
Bayview-Hunters Point	11.5%
NON-SAN FRANCISCO	9.6%
Inner Mission/Bernal Heights	5.5%
Ingelside-Excelsior/Crocker-Amazon	4.9%
South of Market	4.6%
Visitacion Valley/Sunnydale	4.0%
Western Addition/Japantown	3.6%
Haight-Ashbury	2.5%
Polk/Russian Hill (Nob Hill)	2.4%
Potrero Hill	2.1%
Lake Merced	1.2%
Sunset	0.9%
Twin Peaks-Glen Park	0.8%
Outer Richmond	0.8%
North Beach/Chinatown	0.6%
Parkside/Forest Hill	0.6%
Inner Richmond	0.5%
Castro/Noe Valley	0.4%
Marina	0.2%
Unreliable Location Data	0.1%
St. Francis Wood/Miraloma/West Portal	0.1%
Chinatown	0.1%
Total	**100%**

Appendix A: Current Data Limitations and Opportunities for Improvement

Variable	Explanation
Bail Amount	An individual's bail may change over the course of incarceration. For example, bail may change in accordance with charges re-booked by the District Attorney's Office; bail may change at arraignment; or, bail may be modified by the court at any point until disposition of charges.
Bail Motion Effect	Since its inception, the Office of the Public Defender's Bail Motion Unit has filed 443 motions with a 47% success rate (success is defined as an earlier release for an incarcerated person as a result of the bail motion). The average length of stay for an incarcerated person facing misdemeanor charges in San Francisco is 90 days and the average length of stay for an incarcerated person facing felony charges is 90-120 days. The Public Defender does not currently have estimates on the reduction in bed days associated with successful bail motions.
Behavioral Health Status	Data from the Department of Public Health regarding the mental health treatment of individuals incarcerated in San Francisco jails is not available for bulk download. While there is information regarding the population served (e.g., age, demographics, types of contact), this data is not easily matched to the data provided by the Sheriff's Department. To ensure the privacy of our patients, the department is currently working with technical support to create a data report where de-identified information can be matched with data provided by the Sheriff's Department.
Booking Reason	An individual may be booked for a number of reasons, i.e., new charges, a warrant and a probation violation. Reports run on this data capture only the first reason entered by the booking deputy.
Charging Information (booked charges v. filed charges)	An individual's charges may change over the course of incarceration. For example, the charges booked at intake may be modified by the District Attorney's Office in the rebooking process; the charges may be modified at arraignment; and the individual may enter a plea agreement to modified charges.
Community Treatment Bed Wait Times	Given that individuals are referred to treatment by a variety of departments and residential treatment beds are offered through a variety of agencies, it is difficult to determine overall information regarding wait times. For residential treatment beds offered through the Department of Public Health, the typical wait for a residential treatment bed is two weeks to a month, with waits from custody lasting up to 4 months. People in custody have longer waits for several reasons: the nature of a person's charges may limit their placement options, the legal resolution of a case may be delayed, and individuals that are discharged from the hospital are prioritized for placements. Wait times vary due to demand and are generally longer in winter months and shorter in summer months. Further, while snapshot data regarding individuals participating in the collaborative courts is available, overall collaborative court data is not easily accessible due to recent changes in databases and concerns regarding the integrity of the data.

Variable	Explanation
Conviction Status (pretrial v. sentenced)	It is difficult to capture pretrial/sentenced status because an individual may be sentenced on one matter while awaiting disposition of others. To report pretrial/sentenced status accurately requires significant research into each of an individual's charges.
Decision Points (racial/ethnic disparities at key points in case processing)	The Office of the District Attorney and the Office of the Public Defender are currently participating in independent research to assess outcomes at various stages of the criminal case process for cases filed within San Francisco. The Office of the District Attorney's research is being conducted by Professors Steven Raphael (UC Berkeley) and John MacDonald (University of Pennsylvania). Preliminary findings from this research project are expected in Fall 2016. This study aims to measure racial disparities at key decision-making points and outcomes in the criminal case process; assess the degree to which observed racial disparities can be explained by factors such as charge severity, criminal history of the defendant, and other relevant mitigating and/or aggravating factors; and conduct simulations to explore how policy changes could reduce disparities at various points in the District Attorney's decision-making process. In addition, in response to Reentry Council[7] and community meetings on racial and ethnic disparities in the criminal justice system, the Adult Probation Department will take steps in Fall 2016 to conduct a diligent review of race and ethnicity across the following decision points: Flash Incarcerations, Violations, Motions to Revoke (MTRs), and Early Terminations.
Flash Incarceration	The Adult Probation Department has the legal authority to impose a flash incarceration of up to 10 days with a client under Post Release Community Supervision (PRCS). The flash incarceration is a part of a range of graduated sanctions tools used by Adult Probation to redirect clients towards supervision and treatment compliance. Before a Deputy Probation Officer can impose a flash incarceration, a supervisor is required to review the imposition of other lesser restrictive strategies such as field visits, increased supervision visits, reentry services participation, clinical support, and barrier removal. Prior to using the Flash Incarceration Tool, non-compliant clients under Adult Probation supervision consistently returned to court on violations and could be reverted to much longer terms in custody. The Flash Incarceration Tool has cut down on courtroom visits and jail bed days. Historical data demonstrates that Adult Probation does not lean heavily on the use of flash incarcerations. Adult Probation will collect data on the number of flash incarcerations represented in the 2015 jail population as requested by the work group.

[7] The City's Reentry Council coordinates local efforts that support adults exiting San Francisco jails, San Francisco juvenile justice out-of-home placements, the California Department of Corrections and Rehabilitation facilities, and the United States Federal Bureau of Prison facilities. The Council coordinates information sharing, planning, and engagement among all interested private and public stakeholders. Members of the Council include city departments, the Courts, and state and federal agencies, and its work is supported by the individuals and community stakeholders that serve on its subcommittees.

Variable	Explanation
Homelessness	Data collected on homelessness is unreliable because it is self-reported and because there is not a consistent definition of the term among city agencies that work with homeless individuals. There is currently no matching of the Human Services Agency database information with Sheriff or District Attorney criminal justice databases.
Probation Violations	The Adult Probation Department has the legal authority to book a person into custody on a probation violation. Before a supervisor grants permission to pursue a probation violation, a Deputy Probation Officer is required to conduct due diligence in the form of field visits to connect with clients and impose lesser restrictive strategies such as increased supervision visits, reentry services participation, clinical support, and barrier removal. Within 72 hours of a probation violation booking, a hearing will occur at which time a judge will review the nature of violation and determine whether additional time in custody or release is merited. Adult Probation will collect data on the number of probation violation bookings represented in the 2015 jail population as requested by the work group.
Race/Ethnicity	DataSF[8] has taken a lead on surveying San Francisco's criminal justice data and has identified inconsistencies in data collection across City agencies. DataSF is working with the Reentry Council to make recommendations that ensure adequate race and ethnicity data collection city wide. Results of this work will be completed by Fall 2016.
Release Reason	An individual may be released for a number of reasons at the same time, i.e., charges dismissed, a warrant cited, and probation reinstated. Reports run on this data capture only the first reason entered by the releasing deputy.
Substance Use Disorders	Data from the Department of Public Health regarding substance use of individuals incarcerated in San Francisco jails is not available for bulk download. The department is currently working with technical support to create a data report on individuals who self-reported substance use upon entering the jail and/or were placed on medical detox due to recent substance use. While this report will not provide complete information for the population, it will provide an estimate as to prevalence of substance use in the population.

[8] Housed in the Mayor's Office, DataSF is led by the City's Chief Data Officer to transform the way the City works through the use of data. For more information, visit https://datasf.org/

DOCUMENT C

BUILD JUSTICE NOT JAILS

http://nonewsfjail.wordpress.com

STOP THE NEW SF JAIL

SAN FRANCISCO COMMUNITY HEALTH INITIATIVE:

A People's Plan for Shifting Reliance Away from the Criminal Legal System and Toward Community-Based Solutions

ACKNOWLEDGEMENTS

We would like to acknowledge the various researchers, contributors, and editors of this report:

Andrea Salinas

Coral Feigin

Jon-David Settell

Kathy Rose

Lisa Marie Alatorre

Mary Kate Connor

Mauricio Najarro

We would also like to acknowledge the more than three years of on-the-ground organizing by the No New SF Jail Coalition and the analysis, concrete solutions, and tenacious vision that this broad-based coalition has brought to the City of San Francisco. This report is an evolution of that work and will be a living document until San Francisco no longer has a jail system to speak of.

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HEAL DON'T
HURT

INTRODUCTION

People of all stripes and persuasions - including entrepreneurs, tourists, and the wealthy - have been drawn to San Francisco, an international city renowned for its progressive politics and radical culture. Our beloved city is rooted in a rich history of multiple ethnic and racial cultures, vibrant arts communities, and a thriving LGBTQ community. But this culture is quickly disappearing as a result of soaring housing costs and an eviction crisis that is steadily displacing:

- San Francisco natives and the Indigenous people who call this city home;
- Nearly all African Americans, who currently make up less than 6% of the overall population;
- Other communities of color including Latino and mixed race people;
- Poor and working class people, including many artists, cultural workers, and community organizers.

This displacement, often called "gentrification," includes a policy of increased criminalization and the disruptive presence of law enforcement empowered to ensure that neighborhoods and streets reflect what wealthy people feel they pay for with their high housing costs: the ability to live without the discomfort of seeing any unpleasant realities.

The most visible form of criminalization is the constant harassment and incarceration of street-based communities and unsheltered people. This includes law enforcement profiling and targeting of:

- Trans women;
- People with disabilities;
- People living with mental illness;
- People using substances in public;
- People involved in alternative economies, such as sex workers;
- Dark-skinned people = African American, Indigenous, Migrants and People of Color.

The targeting and criminalization of these communities is part of a much larger campaign to radically shift fiscal priorities and values, defund the social safety net, and construct a conservative climate in San Francisco in service of protecting the wealthy at the expense of everyone else. Such people, and the elected officials who represent moneyed interests, seem more interested in hiding rather than solving problems.

The No New SF Jail Coalition has a vision for a just and healthy San Francisco that places at the center those communities currently targeted and fast-tracked to the San Francisco Jail System and eventually out of the city.

- We believe that the approach to reach this vision must be multi-pronged and must include an immediate and dramatic decrease in the influence, power, and funding of law enforcement. Solutions must, instead, have an immediate and substantial investment in the community-based health initiatives that are run by those in the communities most impacted by incarceration and located where those communities live.
- We reject the notion that the decommissioning of our current County Jails #3 and #4 requires the construction of any large or massive facility. Instead, we demand that San Francisco focuses on a broader approach that acknowledges the humanity and unique needs of the many communities most impacted by incarceration and the violence of policing. Small and more intentional projects, including rebuilding the social safety net that has been slowly and brutally dismantled over the years, will allow our city to permanently shift our reliance away from jails and policing as solutions to our social problems.
- We believe prevention and reentry support will be the lasting solutions for keeping our loved ones out of jail and in our communities with the support they need to thrive. We support getting folks currently in County Jails #3 and #4 at 850 Bryant out as soon as possible. We also support a full re-entry that interrupts cycles of harm. We must address the needs of communities currently profiled and targeted for incarceration as evidenced by the research and data on arrest rates in San Francisco.

The city of San Francisco and the Board of Supervisors have clearly stated their strong opposition to imprisonment and will not be appeased by efforts to maintain the status quo. We have the experience, the innovation, and the creativity to turn the tide!

OUR VISION AND FRAMEWORK

We insist that San Francisco examine the facts that have been amply recorded about the public health and the socioeconomic impacts of criminalization and incarceration on our community. Community leaders must address the myriad factors that create instability in our community.

San Francisco must not simply treat this problem as lack of access to mental health care!

From the beginning, the No New SF Jail Coalition fought the construction of a new jail. This was not only because the current jail is outdated and seismically unsound but also, and primarily, because incarceration is intrinsically harmful, especially to those targeted and fast tracked for incarceration. Over the past several years and during the course of the debate about the jail proposal, ample evidence has come to light that clearly demonstrates how practices of policing, incarceration and sentencing in San Francisco reinforce systemic racism, classism, sexism, homophobia and transphobia consistent with broader social trends across the United States.

Throughout the country, researchers have shown that for an individual, even one experience of incarceration can result in significantly decreased socioeconomic stability by disrupting employment and decreasing long term economic opportunities, thereby precipitating homelessness.[1] Given this loss of stability, individuals who have been incarcerated are plunged into a spate of tragic health outcomes:[2]

- increased victimization;
- substance use;
- needle-sharing;
- chronic illnesses, both physical and mental;
- infectious diseases such as tuberculosis, HCV, and HIV, with higher rates of infection than for other very low income individuals.

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1. First Episode Incarceration: Creating a Recovery Informed Framework for Integrated Mental Health and Criminal Justice Responses. Vera Institute of Justice, 2016.
2. Incarceration's Front Door: The Misuse of jails in America. Vera Institute of Justice, 2015.

In San Francisco, researchers at UCSF have found a number of disturbing trends among individuals who have been in the SF jail system:

- Among those marginally housed, short-term stays on the street increased chances of incarceration two-fold.[3]
- The highest correlate for homelessness in cis-women is just one jail stay.[4] Cis-women with long-term stays (over 90 days) on the street, experienced a five-fold increase in the likelihood of incarceration.[5]
- Strong correlations were found among prior incarceration, homelessness, and engagement in alternative economies (such as the drug and sex trade) among all street-based folks.[6]
- Long-term homelessness and methamphetamine use are strong correlates of sex trade among cis-women only. Overall there are higher instances of sex trade among homeless cis-women, making the link between incarceration, homelessness, and communicable diseases such as HIV higher in cis-women.[7]
- The convergence of these factors leads many to use illegal substances to self-medicate, which not only inflicts an enormous economic burden, but also puts them at higher risk for repeated incarcerations. It goes without saying that these individuals are plunged into a cycle of ongoing trauma.

African Americans in San Francisco are grossly over-represented in the jail, making up 54% of the population, while they comprise only 4% of San Francisco adults. The number of Latinos arrested and booked is underreported according to the 2016 Burns Institute report, "San Francisco Justice Reinvestment Initiative: Racial and Ethnic Disparities Analysis for the Reentry Council," indicating a likelihood that disparities are actually higher since Latinos are recorded as white and disparities for Latinos cannot be accurately identified.[8]

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3. Gender Specific Correlates of Incarceration Among Marginally Housed Individuals in San Francisco. Weiser et al. American Journal of Public Health, August 2009, Vol 99, No. 8.
4. Health Outcomes in the Context of Poverty, Lessons from community Based San Francisco Research. Information Summary Sheet #1: Influences of Structural Factors and Gender on Health. PI, Elise Riley.
5. Weiser et al. 2009.
6. Weiser et al. 2009.
7. Weiser et al. 2009.
8. San Francisco Justice Reinvestment Initiative: Racial and Ethnic Disparities Analysis for the Reentry Council. The W. Haywood Burns Institute, 2015.

Across all five key decision points evaluated in the Burns Institute report (arrest, bail and pre-trial, pretrial release, sentencing and motion to revoke probation) disparities that disproportionately impacted African Americans were found:

- African American people were found to be more likely than White people to meet criteria for pre-trial release but "less likely to be released at all process steps."[9]
- Individuals who are in custody at the time of their trials are more likely to take plea deals and more harshly sentenced due to a presumption of guilt due to their appearance in shackles and prison garb.[10]
- Last summer, the Public Defender reported to the Reentry Council that "on average 86% of the average daily population is presentenced," a higher percentage than national averages.
- In San Francisco the recidivism rate is 78%, considerably higher than the statewide average of 67.5%.[11]

Such findings clearly indicate that San Francisco's criminal justice system is not only failing our community, but is by many measures more oppressive than comparable systems across the country.

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9. The W. Haywood Burns Institute, 2015.
10. Pretrial Criminal Justice Research. Laura and John Arnold Foundation, 2013.
11. Justice Reinvestment at the Local Level: City and County of San Francisco, California July 2012. Crime and Justice Institute.

We offer the following Eight Guiding Principles for the development of the final plan:

1. Open facilities; Not a locked facility run by law enforcement
2. User-led and self-determined
3. Reinvest in communities most impacted by criminalization
4. Not run by Sheriff's Department, Police, the Court, or District Attorney
5. Provide equitable access to care
6. Incorporate bail and bond reform
7. Create immediate, medium, and long-term pathways towards permanent and sustainable housing and basic needs
8. Close 850 Bryant immediately[12]
   Download flyers and more information about these points at
   https://nonewsfjail.wordpress.com/2016/05/09/eightsteps/

- Given the destructive outcomes for those in our jail, we are called upon to devise solutions that reach everyone in the city jail system, especially those who find themselves arrested for the first time, to prevent further destruction of their lives.
- No one, be they struggling with mental illness, HIV+, or living with other kinds of chronic illness, can maintain their treatment without housing and food security. We must provide the necessary supports, beyond the services we already provide, if we want to actually address the root causes of incarceration and create the necessary solutions to meet the mandate of the working group, the permanent closure of County Jails #3 and #4.
- It is necessary that we adopt a lens that acknowledges that prisoners and those who harm are victims themselves. Researchers have established direct correlations between the prevalence of Adverse Childhood Experiences (ACE) and adult incarceration. Programs for those in the jail must adopt a trauma informed approach that heals past trauma, if we want to stop cycles of incarceration, violence and negative health consequences related to poor self care behaviors experienced by this population.[13]

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12. https://nonewsfjail.wordpress.com/2016/05/09/eightsteps/
13. http://psycnet.apa.org/psycarticles/2016-18400-001.pdf

MENTAL HEALTH, HOUSING, AND TREATMENT MODELS

Recovery: Wellness, Community Integration, Education, and Jobs:

A critical part of any community treatment model, a recovery-oriented focus recognizes the importance of meaning and hope for people living with mental illness. This is why any community treatment model must include educational and vocational support.

Below, we offer a brief overview of community-based models that have been effective in reducing rates of incarceration while simultaneously decreasing spending on jails and hospitalizations. Each of these models exemplifies the creative thinking needed to stop locking people up and start focusing on restoring wellbeing, accountability, and individual transformation.

Responding to behavioral and mental health, broadly conceived to include harm reduction and community empowerment, must be coupled carefully with a comprehensive decriminalization strategy that works in tandem with transformative and restorative justice models to ensure the health and safety of all. Such an approach would require a radical change in funding priorities, moving funding away from punitive and penalizing approaches and towards investing in sustainable and creative initiatives to restore wellbeing that are accountable to community members of all economic classes.

Housing: Permanent, Long-Term, Affordable, Accessible, and Available Now

Housing is absolutely essential to shifting our reliance on the criminal legal system. In San Francisco, the reality is that a massive amount of residents lack access to their basic human needs like shelter, food, water, a restroom, and community. This has deeply detrimental effects on all aspects of life in San Francisco, some of which are measurable and some of which are not. Housing is a prevention method to lessen the likelihood that people will come into contact with the police and it is a response to the fact that many people who go through the San Francisco jail end up homeless. Treatment and mental health support are only truly effective if someone has housing.

While we have included some housing models in this section we wanted to emphasize these principles in addition:

1. Housing should be permanent and long-term.
2. Housing should be open to all, responsive to different people's needs and foster self-determination.
3. Housing should be in available in the neighborhoods where people have community.
4. Housing should be affordable to people with no, very low, and low incomes.
5. Housing should be accessible to people with a variety of different access needs.
6. Housing should be available now.

Existing programs, if underfunded and undermined, do not work.

Mayor Ed Lee has declared plans to create 10,000 new affordable housing units, but even "affordable housing" units are often inaccessible to the city's poorest, particularly those with disabilities. A $1,000/month studio is more than one's monthly SSI income, and will do little to alleviate the problem of homelessness and the inherent vulnerability of those persons to incarceration. There are permanent housing models and transitional housing programs in San Francisco that can be expanded or replicated to meet the needs of our city's poorest; Direct Access to Housing, Supportive Housing, Co-Ops, Safe House, Cameo House are examples. We call on the Mayor and Board of Supervisors to immediately prioritize the creation and implementation of a plan to locate and acquire real estate for the development of these housing projects. These projects should be situated in locations that are safe, that support harm reduction, and also meet the needs of those in recovery who are not using. There is data showing that cis-women are offered little safety from the dangers they face on the streets in Single Resident Occupancy Hotels (SRO).[14] While there is less data on trans women's experiences living on the streets and in SROs, we know that they also face extreme violence in both settings. All housing and programs should be provided in a dignified environment, that promotes the building of one's self respect, confidence, and dignity. All people deserve safe, accessible, affordable, and permanent housing – including poor people, formerly incarcerated people, people struggling with their health, and people who use drugs.

14. Weiser et al. 2009.

A. SUPPORTIVE HOUSING

Rain City Housing and Support Society in Vancouver

Rain City Housing located in Vancouver, BC (Canada) provides specialized housing and support for people with mental health needs, addictions, and other issues.[15] By using a variety of housing, Rain City ensures that everyone can get appropriate housing including emergency, transitional, women's housing, outreach, food services, and community living support.

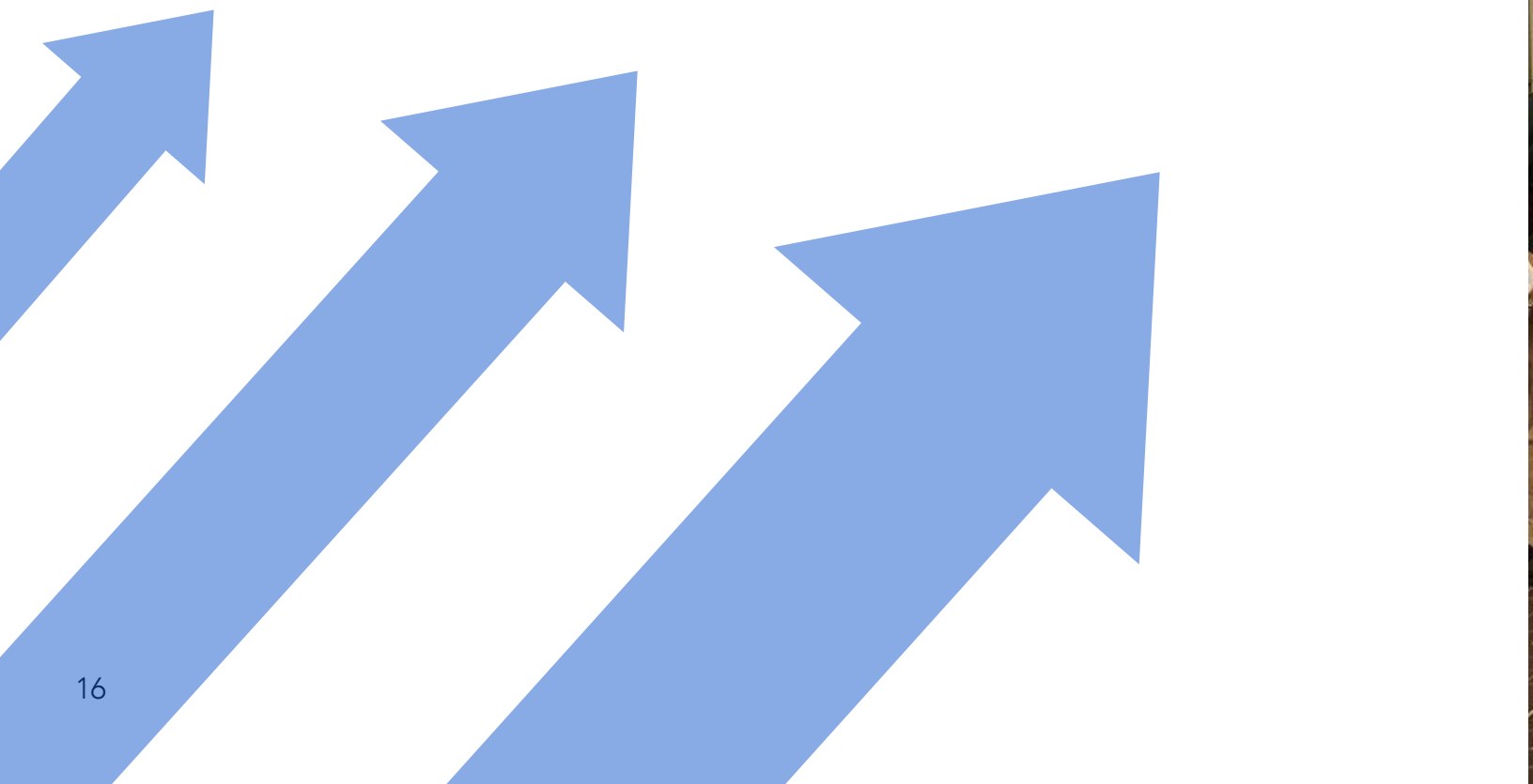
- Person-Centered: Rain City offers person-focused harm reduction with a variety of different programs including supportive housing where sex workers can work, use substances safely, and have a place to sleep.

15. Source: http://www.raincityhousing.org/

B. HOUSING SUBSIDIES

Even short stays in jail can cause a person to lose their employment and their means to pay rent. Given the soaring housing prices in San Francisco, one not only loses their home, but any possibility of affording to live in their home city, thereby being displaced from their community. This chain of events creates insecurity and crisis, plunging people into a downward spiral that often leads to repeated incarceration. Housing subsidies should be created for residents of San Francisco who will lose their homes because they are in jail. Such subsidies can decrease the damage to people's lives of incarceration and the destructive results to families and communities most impacted by criminalization and incarceration.

- Housing First: Rain City does not require that people meet certain standards of behavior or be compliant with any sort of mental health or addiction treatment. Instead, there is a Housing First approach that resists the myth that people need to be "housing-ready" and thus actually make strides towards ending cycles of homelessness.



C. COMMUNITY-BASED HARM REDUCTION

The Transgender Clinic of the Tom Waddell Health Center

Tom Waddell provides primary care, mental health, social services, referrals, and trans-specific care.[16]

- Community-Based Harm Reduction: Tom Waddell uses a harm reduction framework that allows people to access the clinic even if they are currently using substances. Services here use a framework of harm reduction and principles of recovery. Tom Waddell is funded by the SF Department of Public Health and is open to all transgender and intersex people.

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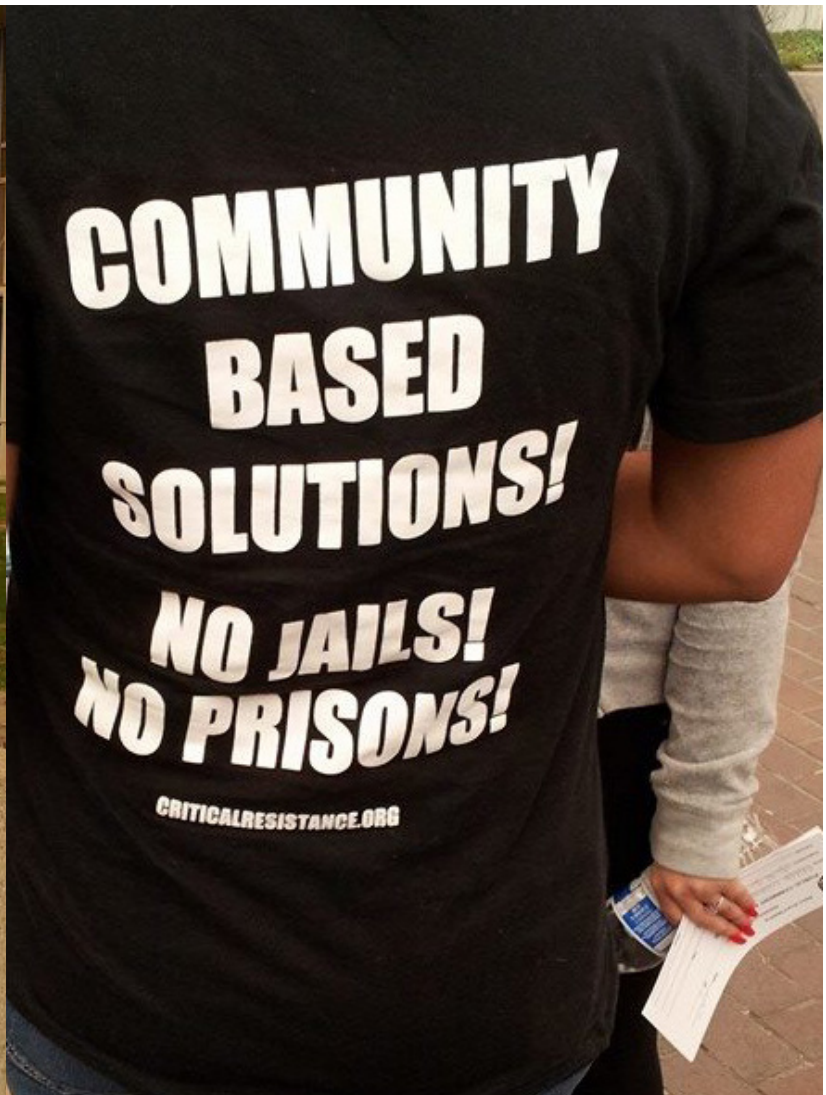
16. Source: San Francisco Department of Public Health (https://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/TransgenderHlthCtr.asp).



D. SEX-POSITIVE HARM REDUCTION: THE STONEWALL PROJECT

The Stonewall Project is an initiative of the San Francisco AIDS Foundation dedicated to providing harm reduction-based counseling, treatment, and support services to gay or bi trans and cis-men as well as other transmen and cis-men who have sex with men and are having issues with drugs and/or alcohol.[17]

- Non-Shaming, Sex-Positive Harm Reduction: this family of programs and resources is grounded in a non-shaming, sex-positive, harm reduction-based paradigm that has been trusted by gay, bi, & trans men in San Francisco looking to make changes to their alcohol, methamphetamine, crack cocaine, powder cocaine, GHB, Ketamine, and other drug use.
- Meeting People Where They Are At: both one-on-one and support groups are run out of two locations, the Castro and Civic Center. This program has a commitment to integrating into clients' lives without coercion or radical interruption of people's daily lives. People are free to determine what they need to change and are then empowered to make those changes for themselves according to their own priorities. Social services and outreach are provided within a larger dynamic framework of motivational interviewing (MI), a counseling approach designed to be non-judgmental, non-confrontational, and non-adversarial.

17. Source: http://www.stonewallsf.org/.

E. THE FULL SERVICE PARTNERSHIP PROGRAM AND THE MENTAL HEALTH SERVICES ACT

In California, the Mental Health Services Act (MHSA) radically re-envisioned how to provide care for people living with chronic mental illness. Because so many people were "falling through the cracks," the MHSA created a series of innovative, wrap-around treatment models called Full Service Partnership (FSP) programs. Key components include:

- **Housing:** Using a housing-first model, new supportive, permanent, and safe housing for people living with chronic mental illness was built, expanding this new safety net for low-income individuals and families. Most of those accessing services at the FSPs lived in shelters and on the streets before enrolling in the programs. Participants often receive emergency housing on day one.
- **Inclusion, Dignity, and Accountability:** Mobile treatment teams, made up of mental health specialists and consumers of mental health services, seek out the hardest-to-reach people and the highest users of emergency services. The teams use life experience and clinical expertise to get people into housing and treatment. Deeply grounded in the principles of the Recovery Movement, these teams use a whole-person approach to wellness that emphasizes equity, dignity, and accountability.
- **Meeting Basic Needs:** "Flexible funding" is used for basic needs including food, clothing, and shelter, while participants are connected to disability and other public benefits.
- **Availability:** Available 24 hours a day, FSP teams have low caseloads and see participants several times a week, allowing for "wrap-around" services that have proven most effective in treating people with chronic mental illness. FSPs offer intensive, recovery-oriented treatment models that meet people where they are at. Services are available on the street, in hotel rooms, in homeless shelters, and anywhere people in need are.
- **Record of Success:** FSPs offer a uniquely successful alternative to incarceration that, according to the UC Berkeley Petris Center,[18] has succeeded in reducing mental health emergencies and hospitalizations by 74.8% for enrolled participants. Such a large decrease substantially reduces healthcare costs and prevents incarceration for people living with mental illness.

18. Brown, Timothy. (2010). "Comparison of Outcomes between Consumers in Full-Service Partnership Programs and Usual Care in the California Public Mental Health." UC Berkeley: The Nicholas C. Petris Center on Health Care Markets & Consumer Welfare. Accessed via web.

The city of San Francisco has a FSP model that lacks substantial funding and modifications to reach those who decline participation in treatment. We can eliminate the need for jail-based housing and corrections-based treatment by dramatically increasing the numbers of treatment teams available and by continuing to collaborate with people living with mental illness. Current funding levels have led to long waitlists for admission to FSPs and people often get incarcerated while waiting. Shifting funding from a jail to an FSP model would produce substantial savings through decreased hospitalizations and jail-based treatment.

F. THE COMMUNITY MENTAL HEALTH WORKER CERTIFICATE PROGRAM

Based at City College of San Francisco (CCSF), the Community Mental Health Worker Certificate Program[19] is a 16-unit course based on the wellness and recovery model in mental health. The curriculum is designed to train a diverse group of health workers to provide culturally responsive mental health and recovery services in San Francisco. We believe the people most impacted by harm are the ones best suited to provide care and should be provided with training to make this possible. Furthermore, formerly incarcerated persons have limited access to economic opportunities, particularly jobs that can accommodate their mental health needs. The program should be made free for all consumers and formerly incarcerated people.

- **Inclusion:** the program is focused on engaging mental health consumers, their family members, and other interested individuals and communities in the service of others living with mental illness.
- **Meaningful Role:** The program comprises courses that promote the development of skills needed to become gainfully employed as a mental health worker and enhance the knowledge base of those already employed. As part of their education, students will complete an internship with a local agency serving consumers of mental health services and family members.
- **Jobs:** The educational component, targeted squarely at people living with mental illness, offers a path toward employment, specifically as parts of FSP and other community-based treatment teams. Peer-based outreach models staffed by those trained by programs like this can build bridges between people who decline or refuse treatment and FSP teams, making the FSP one part of a broad spectrum of community-based supportive services fundamentally shaped by those who utilize them.

19. Source: City College of San Francisco, 2016.

G. ALTERNATIVE TO TRADITIONAL MENTAL HEALTH SYSTEM: FINLAND OPEN DIALOGUE

Open Dialogue is an innovative, network-based approach to psychiatric care that was first developed in the 1980s in Finland. In contrast to standard treatments for first-episode psychosis and other crises, Open Dialogue emphasizes listening and collaboration and uses professional knowledge with a "light touch" rather than relying heavily on medication and hospitalization. It comprises both a way of organizing a treatment system and a form of therapeutic conversation, or Dialogic Practice, within that system.

Open Dialogue holds a treatment meeting within 24 hours of the initial call to the crisis service. This treatment meeting gathers together everyone connected to the crisis, including the person at the center, their family and social network, all professional helpers and anyone else closely involved. Throughout this process there are no separate staff meetings to talk about the "case." Rather, all discussions and decisions take place in the treatment meeting with everyone present.

Several Key Principles of Open Dialogue

- Immediate help that begins with a treatment meeting within 24 hours;
- A social perspective that includes the gathering of clinicians, family members, friends, co-workers, and other relevant persons for a joint discussion;
- Embracing uncertainty by encouraging open conversation and avoiding premature conclusions and treatment plans;
- Creating a dialogue, or a sense of "with-ness" rather than "about-ness", with meeting participants by dropping the clinical gaze and listening to what people say—rather than what we think they mean. http://www.dialogicpractice.net/open-dialogue/about-open-dialogue/#sthash.PLNrjc9t.dpuf

H. DRUG DECRIMINALIZATION: PORTUGAL

It is critical that San Francisco look to countries like Portugal for models on how to successfully decriminalize drug use as a necessary step towards decreasing our reliance on incarceration as a response to health issues. This is especially important since many people living with mental illness cope with their symptoms by using substances, often as self-medication.

- Decriminalization: in 2001, the Portuguese government decriminalized all drugs. If someone is found in the possession of less than a 10-day supply of anything from marijuana to heroin, they are sent to a three-person Commission for the Dissuasion of Drug Addiction, typically made up of a lawyer, a doctor, and a social worker. The commission recommends treatment or a minor fine; otherwise, the person is sent off without any penalty. A vast majority of the time, there is no penalty. Portugal shifted drug control from the Justice Department to the Ministry of Health and instituted a public health model for treating drug addiction.
- Guaranteed Minimum Income: Portugal also expanded the welfare system in the form of a guaranteed minimum income.
- Treatment, not Handcuffs: Changes in the material and health resources for at-risk populations for the past decade are a major factor in evaluating the evolution of Portugal's drug situation. In terms of usage rate and health, the data shows the proportion of the population that reported having used drugs at some point initially increased after decriminalization, but then declined. Drug use has declined overall among the 15 to 24-year-old population, those most at risk of initiating drug use and developing addictions. There has also been a decline in the percentage of the population who continue to use drugs. Drug-induced deaths have decreased steeply. HIV infection rates among injecting drug users have been reduced at a steady pace, and has become a more manageable problem. And a widely cited study published in 2010 in the British Journal of Criminology found that after decriminalization, Portugal saw a decrease in imprisonment on drug-related charges alongside a surge in visits to health clinics that deal with addiction and disease.[20] Decriminalizing drugs frees up resources for more effective responses to drug-related problems.

20. Hughes, Caitlin and Stevens, Alex. (2010) "What Can We Learn From The Portuguese Decriminalization of Illicit Drugs." British Journal of Criminology 50 (6): 999-1022.

I. SUPERVISED INJECTION SITE: INSITE - VANCOUVER COASTAL HEALTH

Insite is located in Vancouver, BC (Canada) and opened its doors in 2003. It is a safe, health-focused place where people can inject drugs. Insite is funded largely by the BC government healthcare system.

- **Harm Reduction-Based:** Insite uses a harm reduction model that tries to decrease adverse health, social, and economic consequences of substance use without requiring abstinence. At Insite, there is a team of nurses, counsellors, mental health workers, and peer support workers available. There are 13 injection booths where clients inject pre-obtained drugs. Insite provides clean injection equipment such as syringes, cookers, filters, water, and tourniquets. If an overdose occurs, a team is available to intervene. There have been overdoses at Insite but zero fatal overdoses. [21]
- **Access:** Insite allows people to access healthcare who otherwise could not. Above the Insite location is a program called Onsite. Onsite has 12 rooms with private bathrooms where people can detox and get support around withdrawal management. There is also a third floor with transitional recovery housing and further stabilization with referrals to long-term housing and treatment.
- **Best Practices:** the Drug Policy Alliance has made establishing a supervised injection site a priority in the U.S. and are looking at San Francisco as the possible site of the nation's first safer injection site.[22]

Safer injection sites are crucial to a comprehensive decriminalization project that conceives of substance use as a behavioral health issue and redirects funding away from policing and jails and towards solutions that work for communities.

21. http://supervisedinjection.vch.ca/.
22. http://www.drugpolicy.org/supervised-injection-facilities.

J. HARM REDUCTIVE OVERDOSE PREVENTION: THE DOPE PROJECT

The DOPE Project (Drug Overdose Prevention and Education) is a project of the Harm Reduction Coalition in Oakland, CA. This project distributes naloxone and provides outreach to people who work with, are in community with, or are opiate users themselves to discuss overdoses and how to prevent them. Each year there are more that 16,000 deaths in the US due to opiate use.[23] Equipping communities with naloxone lessens the likelihood of premature death from overdose. This is especially a concern for people coming out of jail, many of whom have been forced into sobriety while incarcerated which greatly increases their likelihood of overdose upon using again.

23. http://harmreduction.org/issues/overdose-prevention/tools-best-practices/naloxone-program-case-studies/dope-project/.

K. ABOLISH MONEY BAIL

San Francisco needs to join the tide of jurisdictions and states across the country that have and are moving to abolish the secured money bond system. There is conclusive evidence that the secured bond system has no benefits over unsecured bond, with those released on unsecured bonds showing up for court appearances and remaining free of arrests at the same rate as those released on secured bonds.[24]

In fact, secured bonds lead to decreases in public safety because studies have demonstrated that the longer time one spends in jail the more likely one is to commit new crimes even before trial.[25] Given the uncontested data, and proven alternatives, at this juncture it is illogical to not reform our bail system. Making just this one policy change in San Francisco can make significant strides toward improving racial disparities in criminal justice system, and save millions of dollars annually. In our county we have an innovative Pre-Trial Diversion Project that lacks the funding to fill the needs of San Franciscans. We can expand the Own Recognizance and Supervised Pretrial Release programs, and court hours to see people at night and on the weekends, to get them diverted from the jail to these programs more expeditiously.

- Those held just 2-3 days were 40% more likely to get rearrested before trial, and those who spent 31 days in jail were 74% more likely to get rearrested than persons who spend 24 hours or less in jail.[26]
- If someone is held for their entire pre-trial period, there are gross inequities in outcomes with devastating impact to lives. People are 4 times more likely to be sentenced to jail, with 3 times longer sentences, and 3 times more likely to be sentenced to prison, with 2 times longer sentences.[27] This signifies that poor people, who are overwhelmingly people of color, queer, and/or transgender, will always face an entirely different justice system.

24. Unsecured Bonds: The As Effective and Most Efficient Pretrial Release Option. Jones, M.R. Pretrial Justice Institute, 2013.
25. Pretrial Criminal Justice Research. Laura and John Arnold Foundation, 2013.
26. Laura and John Arnold Foundation, 2013.
27. Laura and John Arnold Foundation, 2013.

L. REENTRY

Providing for the reentry needs of individuals returning to San Francisco after periods of incarceration is critical for reducing recidivism and thereby the jail population. Programs and principles offered in this document address the needs of people coming home from prison. Programs must also incorporate trauma-informed approaches that recognize incarceration is traumatic to individuals and they have special needs for support in transitioning back to the community. Housing is of special consideration to those who are returning to the community, and will not be able to afford housing. If one is homeless, the task of rebuilding one's life is riddled with complications and complete lack of safety. The creation of housing programs for those returning to the community should be prioritized, including requiring housing and transitional programs to allocate units specifically for persons coming home from jail or prison.

Reentry programs must also recognize that cis and trans women have special needs for safety and healing, and programs must be tailored to their specific needs, and not lump them into programs designed for men. This is particularly true for current housing programs that put people released back into San Francisco in Tenderloin SROs. As mentioned above, SROs are not safe for any women; in SROs and the streets all women are at high risk for victimization and trafficking, and unending cycles of substance use to self-medicate. We provide the following two examples of programs that were created and are led by people with personal experience of incarceration.

A New Way of LIfe in Los Angeles is a novel re-entry program that provides safe, dignified housing to women, along with a full range of case management services to support women to meet probation and parole requirements, get basic needs met, set and attain goals toward self sufficiency, and when applicable, reunite with children. This program also engages former prisoners and concerned community members in community organizing to advocate for the rights of formerly incarcerated to be treated as equal members of our society. This is all done in a residential program that does not set time limits on length of stay, and continues to provide opportunities for women to have meaningful roles in their community long after their stay has ended.[28]

Transgender Gendervariant Intersex Justice Project (TGIJP) is a community organization by and for transgender, gendervariant and intersex people inside and outside of prisons, jails and detention centers. TGIJP's re-entry program is a harm reduction based, family-style approach to holistic care for transgender, gendervariant and/or intersex people getting out. People who participate in the re-entry program receive support accessing basic needs such as financial assistance, housing and healthcare and also to grow networks of social/emotional support within the trans community and build formal leadership roles, as formerly incarcerated trans people, to fight for systemic change.[29]

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28. http://www.anewwayoflife.org/
29. http://www.tgijp.org/

AFFORDABLE HOUSING NOT JAIL BEDS

#NoNewSFJail

ACCOUNTABILITY FOR HARM

We know that harm happens within our communities and that it is the community's obligation to respond effectively in order to prevent future harm. It is essential that those impacted by the harm also be involved in resolving and transforming it. We acknowledge that harm also affects those not directly involved, and those bystanders should also be included in a process that seeks justice. In order for real justice to come to fruition we must address intrapersonal, interpersonal, and institutional violence, which are often occurring simultaneously. The daily reality of violence prevents people and communities from imagining and participating in a more liberatory and healthy society.

Without a just world, people cannot find healing and safety. A liberatory approach to addressing harm seeks safety and accountability without relying on alienation, punishment, and state or systemic violence but rather focuses on not only the behavior, but also the corroborating conditions that made the behavior possible in the first place.

Our current system of policing, surveillance, and jailing does not create safety, healing, accountability, or transformation of community. The current practices only exasperate the already existing systemic problems, deeply traumatize ALL the people involved, and feed into a cycle of revenge instead of justice.

Accountability does not mean punishment. Accountability requires a community responsibility and response that includes access to transformative support and healing for all involved in the harm.

Processes and practical philosophies like Restorative and Transformative Justice, which do not rely on the prison industrial complex, are integral parts of Indigenous traditions practiced by many kinds of people in this country and around the world. Using Transformative Justice to address harm was a common sense reality for many Indigenous people before colonization and continues to be today. We owe a great deal to Indigenous cultures around the world and hold this history close to our hearts as we engage in the meaningful decolonial work towards real justice.

Restorative Justice (RJ) and Transformative Justice (TJ)

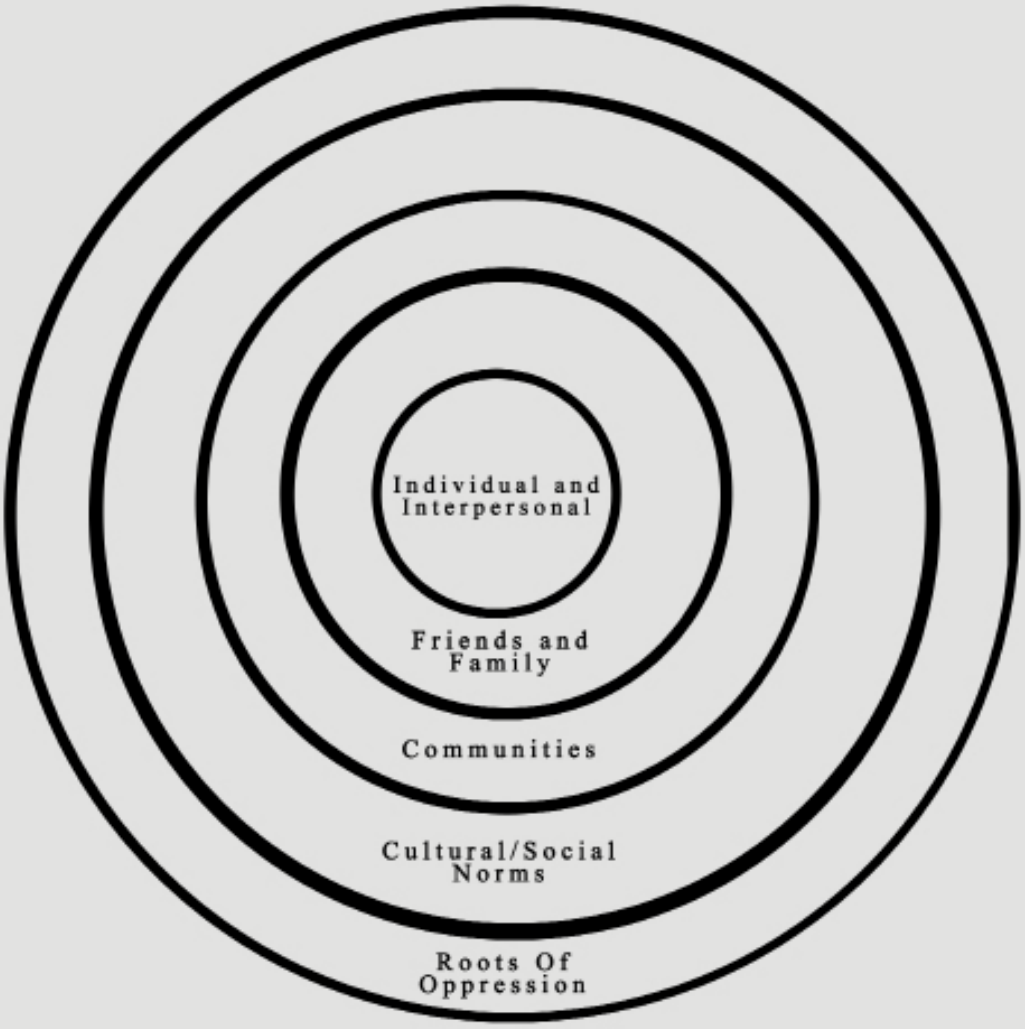
These terms refer to different, yet related ideas that address harm without using the criminal legal system.

As a community, we must seek to transform power inequity and hold each other accountable to stop immediate harm, commit to not engage in future harm, offer reparations for harm, offer support for those involved, and collectively transform the conditions that made the harm possible in the first place.

Underlying TJ and RJ principles is the understanding that we are all interconnected in a web of relationships. Many cultures around the world have words that reflect this idea (whakapapa for Maori, hozho for Navajo, ubuntu in Bantu). Our actions, positive or negative, create a ripple effect. Harm creates tears in the web of relationships, and it must be healed through collaboration and engagement as a community.

RJ and TJ practices and process are community responses. Although every community is different, and requires different models to reach healing, the values and principles are alike:

1. The safety, healing, and agency of everyone involved;
2. Accountability and transformation of those who perpetrate harm;
3. Community response and accountability outside of the state and the state's violence;
4. Transformation of the community and social conditions that create and perpetuate violence.



EXAMPLES OF ORGANIZATIONS BASED ON TJ AND RJ PRINCIPLES:

St. Stephens Drop-In in Toronto - Rittenhouse Transformative Justice Conflict Resolution and Harm Reduction Project

The Rittenhouse Transformative Justice Conflict Resolution & Harm Reduction project began in St. Stephens, a Toronto-based drop-in center catering to needs of drug users and street based folks in the downtown area. The project is a peer-based model that recruits current or former drug users who have been criminalized by the legal system – and trains them to be transformative justice facilitators. The project builds capacity of participants to resolve conflicts in their own communities, and to reduce the use of barring in community agencies. The broader goals are strengthening community capacity to address social harm and reducing contact with the legal system and incarceration. Training includes 12 weeks of training, ongoing team support, stipends, and organizing.

http://www.sschto.ca/

GenerationFIVE

GenFive worked to create opportunities to advance a Transformative Justice approach to ending child sexual abuse, bringing a systemic framework to understanding child sexual abuse and promote approaches to connecting personal, community, and social transformation. GenFive is no longer an active organization but has published guides and principles for Transformative Justice approaches to addressing childhood sexual abuse while also focusing on the need for a larger societal transformation to truly end childhood sexual abuse.

http://www.generationfive.org/

Youth Justice Coalition (YJC)

The Youth Justice Coalition is a collaborative organization in LA working to build a youth, family, and formerly and currently incarcerated people's movement to challenge America's addiction to incarceration and race, gender, and class discrimination. The YJC uses transformative justice and community intervention/ peacebuilding to promote safety in schools, homes, and neighborhoods without relying on law enforcement.

http://www.youth4justice.org/

The Young Women's Empowerment Project (YWEP)

Currently defunct, YWEP was a harm reduction, social justice organizing project for (trans and cis) girls and young women of color in the sex trade and street economies in the greater Chicago area. YWEP was a youth-only, youth-run space that that included basic needs, community research, organizing, and community healing. They never allowed social workers, lawyers, or law enforcement in their offices and created "bad referral" lists and organizing for youth to report mistreatment at non-profits and organizations that they were forced to engage with.

https://ywepchicago.wordpress.com

Project NIA

Project Nia is a Chicago-based organization that utilizes community-based justice models that use the principles of participatory community justice to redefine the goals of the criminal legal system, including the prevention of crime as well as community member involvement in addressing crime.

http://project-nia.org

Hospitality House - The Community Building Program

A multi-service provider here in San Francisco, the Community Building Program fosters collaboration, belonging, self-worth, and resilience within our participants and our communities. The program is an open-access, harm reduction model responding to immediate needs, and supporting life changes through long term stabilization. The program is a medium-term peer-based group that focuses on trauma and recovery, healing, organizing, and community harm interventions. Hospitality House also utilized Restorative Justice circles in their men's shelter program as an alternative to barring participants from basic needs.

http://hospitalityhouse.org/community-building

Bay Area Transformative Justice Collective (BATJC)

The Community Support Network is a collective of community members dedicated to supporting transformative justice responses to child sexual abuse in the Bay Area. BATJC's Accountability Model Working Group is small group of people who studied many different practical models for responding to sexual violence and child sexual abuse, and used these models to develop their our own approach to transformative justice interventions.

https://batjc.wordpress.com/

Restorative Justice Training Institute

Offers RJ consulting, planning, training, coaching, curriculum development, research, and evaluation for schools and organizations working with youth.

http://www.rjtica.org/

CONCLUSION

The No New SF Jail Coalition is committed to continuing its work to ensure that San Francisco takes the necessary, appropriate, and difficult actions to address the concerns of everyone, but particularly those communities who have been harmed by policing and incarceration. Rather than irresponsibly spending vast resources on expanding the power of law enforcement, San Francisco must remain accountable to the Board of Supervisors and the people of the city who have resolutely demanded that no jail, and nothing that resembles or functions as a jail or asylum, be built. The decades-long practice of criminalizing and jailing people for socioeconomic reasons does not achieve public safety, but rather creates insecurity in our community.

Public health and wellbeing in San Francisco belong under the supervision of the Department of Public Health and not under the Sheriff's Department, Police Department, or the Office of the District Attorney. For too long, San Francisco has allowed these departments to encroach on the freedoms and obligations of the community. We demand that our tax money not be used to harm us further, but instead be used to fully and responsibly fund real solutions to our urgent problems.

There are many national and international models described in this plan which can and should be reproduced in San Francisco in order to end the violent practice of jailing. There are also programs that already exist in San Francisco, situated in communities most impacted by policing and incarceration, serving individuals at risk of incarceration or who are returning home from jail, that simply lack adequate funding to do their work on the scale needed. A plan to address harm in our city must prioritize community investment, and divest from jailing and policing. It is possible to address harm and the basic needs of all San Franciscans including housing, employment, vocational/education training, mental health treatment, substance use treatment, and reentry. San Francisco is one of the wealthiest cities in the U.S. and could easily provide these basic human needs to everyone. Creating these opportunities and ending reliance on the criminal legal system is not a problem of funding -- it is a problem of political will. Now is the time to end jailing in San Francisco and build a city where we can all thrive.

GLOSSARY

Accountability - A process of addressing harm that includes repairing the interpersonal impacts as well as the systemic and larger conditions that made the harm possible.

Cisgender - Refers to the gender identity of a person whose identity matches the gender they were assigned at birth. This includes cis-women and cis-men.

Decriminalization - Reversing the process of criminal punishment and treatment for activities that target substance users, people who engage in alternative economy wage-earning (often because of lack of access to traditional wage earning), and people that exist in public space when poor or POC.

Harm - Physical, emotional, mental, and spiritual injury or violence experienced by an individual(s) or a community.

Restorative Justice - An approach to justice that focuses on the needs of those who experienced harm and necessarily involves those who participated in causing harm, as well as the involved community.

Substance User - An individual who ingests legal and/or illegal medicine, drugs, and/or alcohol.

Transformative Justice - Seeks to resist state-run responses to violence (such as the police state and systems of punishment, detention, and incarceration) and instead promotes support, compassion, dialogue, and community building. In this way, reliance on violent and oppressive State-level systems is transformed and replaced with community empowerment.

Transgender - Refers to the gender identity of a person whose identity does not match the gender they were assigned at birth. This includes, but is not limited to, trans women, trans men, gender-nonconforming people, intersex folks, and gender-variant individuals.

FINANCIAL AND STATISTICAL ADDENDUM

A. Rain City Housing Vancouver

Total 2014 expenses - Approx $13,990,194 (converted from Canadian $14,930,311)

Program	Deliverable	% of budget
Admin		10%
Outreach Teams	125 people receiving ongoing support, regular visits, and advocacy	4%
Permanent and Temporary Shelters	800 people receiving emergency shelter, three meals a day, and referrals to better housing	20%
Transitional Housing	271 people living inside, some for the first time, with support 24 hours a day	36%
Longterm Housing	376 people with their first home, a kitchen and bathroom, and the supports they need	30%

$2,986,062 for 800 people living in emergency shelter + 3 meals/day. Approx $3,733/person

$4,479.093 for 276 people living in long term housing + support. Approx $11,912/person

$597,212 support and outreach

$1,493,031 administration

http://www.raincityhousing.org/wordpress/wp-content/uploads/2008/01/2014-Annual-Report.pdf

B .The Transgender Clinic of the Tom Waddell Health Center

The Coalition contacted Tom Waddell for financial and statistical information. We will include this as an update later should we receive more information.

C. The Stonewall Project

The Coalition contacted Stonewall Project for financial and statistical information. We will include this as an update later should we receive more information.

D. The Full Service Partnership Program and the Mental Health Services Act

MHSA expenditures for FY 14-15 are estimated to be $30,163,997. Expenditures included one hundred FTE personnel (civil service) and 70 contracted programs with 46 organizations.

Program	% of budget
Recovery-Oriented Treatment Services	44%
Mental Health Promotion and Early Intervention services	22%
Housing	5%
Peer to Peer Support Services	10%
Behavioral Health Workforce Development and Training	4%
Vocational Services	4%
Admin (9%) and Evaluation (2%)	11%

* All service categories included funding for INN-related projects

Selected cost per client and annual numerical goals for specific programs below.

Program	Annual Goal	Annual Cost	Cost per Client
Peer-to-Peer Supports: Clinic and Community-Based	2550 clients	$3,144,417	$1,233
Comprehensive Crisis Services	306 clients	$526,404	$1,720
Mental Health Consultation and Capacity Building	8596 clients	$1,131,855	$132

Population-Focused Mental Health Promotion – Prevention Activities	25,687 individuals	$1,849,452	$72
Population-Focused Mental Health Promotion – Early Intervention Activities	4,578 individuals	$1,849,452	$404
Expanding Outpatient Mental Health Clinic Capacity	150 clients	$338,323	$2,255
Dual Diagnosis Residential Treatment	25 clients	$85,309	$3,412
Integration of Behavioral Health and Primary Care	2000 clients	$1,879,449	$940
Prevention and Recovery in Early Psychosis (PREP)	110 clients	$931,770	$8470
Behavioral Health Access Center	1857 clients	$1,004,689	$541

Full Service Partnership, Cost Per client

Program	Annual Goal	Annual Cost	Cost per Client
Full Service Partnership: CYF (0-5)	40 clients	$400,000	$10,000
Full Service Partnership: CYF (6-18)	270 clients	$1,231,387	$4,561
Full Service Partnership: TAY (18-24)	90 clients	$1,076,468	$11,961
Full Service Partnership: Adults (18-59)	537 clients	$4,830,795	$8,996
Full Service Partnership: Older Adults (60+)	87 clients	$688,328	$7,912

https://www.sfdph.org/dph/files/CBHSdocs/MHSAdocs/SFMHSAIntegratedPlanforPublicComment.pdf

E. The Community Mental Health Worker Certificate Program

The Community Mental Health Worker program is funded in part by the San Francisco Department of Public Health, Community Behavioral Health Services division, through the Mental Health Services Act.

The Coalition contacted the Community Mental Health Worker program for financial and statistical information. We will include this as an update later should we receive more information.

F. Finland Open Dialogue - Alternative to Traditional Mental Health System

Parachute, a ten bed crisis respite center, opened on September 25, 2013 at the Joyce M. Pilsner Residence. This is part of a NYC model using Open Dialogue methods and is provided here in order to give a sample of financial cost. The New York City model integrates peer workers, which has inspired the development of 'Peer-supported Open Dialogue' (POD) in the United Kingdom. Teams from four UK National Health Service Trusts are currently training in POD, and aim to launch a multi-centre randomized control trial in 2016.

Riverdale Mental Health Association has been designated by the New York City Department of Health and Mental Hygiene to be the Bronx provider of these specialized services. The Parachute staff, peer specialists who have the lived experience of mental illness, are further equipped by training to provide a sense of support and hope to guests. Parachute is funded entirely by the New York City Department of Health and Mental Hygiene.

Parachute NYC is a new and innovative citywide approach to providing community-based services to individuals aged 18-65 who are experiencing psychiatric crisis. Parachute NYC provides a "soft landing" as an entry point to the mental health system by enhancing four existing mobile crisis teams to provide immediate and ongoing treatment, creating four new Crisis Respite Centers as a short-term alternative to hospitalization and creating a Peer operated Support Line.

Riverdale Mental Health Association operates the Bronx Crisis Respite Center (CRC) as part of Parachute NYC. The Bronx CRC is a safe, home-like setting where people experiencing psychiatric crisis can stay as an alternative to hospitalization. It is a warm, friendly and supportive environment where guests are taught to use new recovery and relapse prevention skills. Peer counselors also serve as warm line operators.

http://rmha.org/programs-and-services/parachute/

The Coalition contacted RMHA for financial and statistical information. We will include this as an update later should we receive more information.

H. Insite - Supervised Injection Site - Vancouver Coastal Health

The current model (including stats below) is a stand-alone site which would greatly benefit San Francisco, however Insite is moving towards having embedded sites in clinics or hospitals where there are already health providers. While the stand alone site is a positive model, Insite also recommends embedded locations to be able to meet more geographically dispersed demand. Currently 90% of Insite clients live within a 2 block radius which makes it possible to have a stand-alone injection site that is highly used, requiring 9 people on each shift, including 2 nurses per shift and 5 mental health workers per shift and 2 peer counselors who receive a stipend. Insite is now looking to put booths in clinics that are already being used for other services. Making injection booths and providing training and supplies where there are already services will help to reduce overall cost and serve people residing in other neighborhoods. Insite is currently in the process of planning for this expansion into embedded sites with "Health Canada" who is the overseeing body.

Since opening their doors in 2003, there have been 4,922 overdose interventions without any deaths.

An overview of services and clientele in 2015:

263,713 visits to the site by 6,532 unique individuals

An average of 722 visits per day

An average of 440 injection room visits per day

Medical Support

768 overdose incidents

5,359 clinical treatment interventions

Principle substances reported were heroin (54% of instances) methamphetamine (23% of instances) and cocaine (10% of instances).

Demographics

27% of participants were women
20% of participants were aboriginal
Referrals
5,368 referrals to other social and health services
464 referrals to Onsite detox program
Insite and Onsite budget figures for the fiscal year ending March 31, 2016:
Insite's operational budget was approx USD $2,239,878 ($2,938,665 Canadian $).
Onsite's operational budget was approx USD $1,108,520 ($1,454,351 Canadian $).

I. The DOPE Project - Harm Reductive Overdose Prevention

The Coalition contacted the DOPE Project for financial and statistical information. We will include this as an update later should we receive more information.


NO
NEW
JAILS
http://nonewsfjail.wordpress.com
WE DESERVE A BRIGHTER FUTURE