

OVERVIEW OF JAIL HEALTH SERVICES

I. INTRODUCTION

The City and County of San Francisco Jail Health Services (JHS) provides a comprehensive and integrated system of medical, psychiatric and substance abuse care to prisoners at the San Francisco County Jail system. JHS staff individually triages over 31,000 and medically screens over 24,000 prisoners annually.

JHS provides health and related services consistent with community standards as detailed by the Institute for Medical Quality of the California Medical Association Standards for Health Services in Adult Detention Facilities as well as mandates from the courts and other criminal justice agencies.

The provision of health services to prisoners presents unique challenges to JHS staff. We meet this challenge by delivering quality care to a diverse population that often does not utilize existing health services, particularly preventive and early intervention care, when in the community. Our discharge-planning program develops links between patients and existing community-based health and human services, enabling individuals to engage in the appropriate system/s after release from jail. This results in the improved health and well being for the individuals, their families and the community.

In furtherance of providing excellent medical and psychiatric care during incarceration and post-release integration of patients into community based health care, JHS utilizes a full electronic medical record which is accessible to all providers in the San Francisco Department of Public Health (DPH). Laboratory and other data obtained during incarceration is also available in the Lifetime Clinical Record of the DPH.

Facilities

The City and County of San Francisco maintains five County Jails. Four of these jails are located in San Francisco. (County Jail #'s 1,2,3, and 4.) The other facility is located in San Bruno, just south of San Francisco. (County Jail # 5.) All the jails, with the exception County Jail # 1 which is the intake and release facility, provide prisoner housing. JHS provides medical and mental health services at all of the facilities.

In addition, the San Francisco Sheriff's Department (SFSD) maintains a locked security unit at San Francisco General Hospital (SFGH) for provision of inpatient services to patients whose medical/mental health problems require a higher level of care than is available in an outpatient setting. SFGH Ward 7D cares for patients with medical conditions and Ward 7L cares for patients with psychiatric conditions. The JHS Director/Medical Director oversees the care of patients on these wards. Direct medical and nursing care is provided by hospital staff.

II. POPULATION SERVED

Jail Population

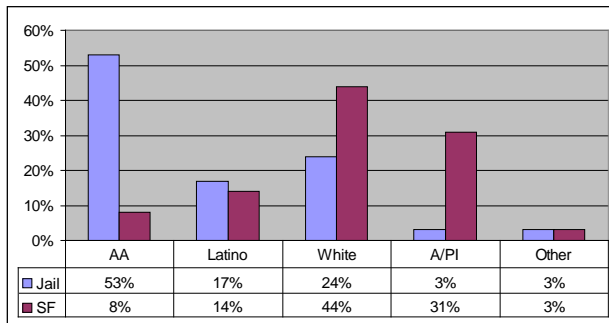
- The Average Daily Population of the Jail System is approximately 2,000 prisoners.
- Rated maximum capacity of the jails: 2,412 prisoners (There are an additional 76 prisoners in med/psych housing at County Jail #2 who are not counted towards the rated capacity).
- The average length of stay in the jail system is approximately 4 months.
- 75-80% of prisoners have substance abuse problems.
- 28% of prisoners are homeless.
- Approximately 14% of prisoners have significant mental health problems.

Gender

- 88% of the jail population is male.
- 12% of the jail population is female.

Ethnicity

- 53% of the jail population is African-American.
- 24% of the jail population is Caucasian.
- 17% of the jail population is Hispanic.
- 3% of the jail population is Asian.
- 3% of the jail population is Other.



Age

- <30 32%
- 30-39 25%
- 40-49 26%
- 50-59 15%
- >60 <1%

III. JAIL HEALTH SERVICES PROGRAMS

Jail Medical Services

Under the supervision of the Director/Medical Director, Jail Medical Services (JMS) staff identifies, treats, and monitors prisoners' medical needs throughout their incarceration.

JMS provides physician/nurse practitioner/physician assistant coverage at each county jail on a daily basis. In FY 08/09, there were approximately 18,500 visits to a clinician. A physician is on-call for evening and weekend emergencies.

On any given day, there are approximately 40 patients with diabetes, 130 patients with hypertension, 110 patients with asthma, and 100 patients with known HIV/AIDS in the jails. A Clinical Pharmacist conducts chronic care clinics for the management of patients with unstable or complicated problems. The clinical pharmacist focuses on reducing morbidity, disability and mortality attributable to these chronic illnesses by managing patient's drug therapy, providing patient education on medication use and disease states, and developing discharge plans.

JHS provides nursing services in all jails twenty-four hours a day, seven days a week. These services include patient screening, assessments, treatment, medication administration, patient monitoring and education. In FY 08/09, there were approximately 113,500 nursing encounters.

Custody staff transports prisoner/patients to the SFGH emergency room, and the medical and surgical specialty clinics for evaluation and/or treatment beyond the services available in the jails.

Jail Psychiatric Services

Jail Psychiatric Services (JPS), a component of Haight Ashbury Free Clinics, Inc., employs a multidisciplinary staff composed of psychiatrists, psychologists, psychiatric counselors and case managers. JPS provides contract services to Jail Health Services and receives supervision and oversight from the JHS Director. Jail Psychiatric and Jail Medical Services are fully integrated in terms of service provision, staff communication, and documentation in the electronic medical record.

JPS has mental health services available to all County Jail facilities seven days a week, including day, evening, weekend, and holiday coverage. JPS provides emergency coverage twenty-four hours a day. On any given day, approximately 20% of the jail population receives mental health care from JPS. In FY 08-09, JPS performed 7,782 mental health evaluations and conducted 31,141 psychiatric visits for patients who required stabilization.

JPS provides a variety of mental health services including: crisis intervention; screening and initial evaluation; ongoing or group psychotherapy; medication evaluation and administration; post-release placement and referral services; consultation with the Sheriff's Department to determine appropriate housing; daily monitoring of the segregated housing unit for chronically impaired prisoners; and hospitalization of prisoners with acute mental illnesses at San Francisco General Hospital (W&I C 5150). In addition to basic mental health treatment, issues covered by JPS staff may include living skills, stress reduction,

trauma informed therapy, domestic violence and women's issues. JPS staff also performs routine welfare checks on prisoners housed in administration segregation.

The Psychiatric Sheltered Living Unit Program for men at County Jail # 4 and the mental health program for women at County Jail #2 are designed to serve chronically mentally ill patients who may also have co-occurring substance issues. The primary objective of these programs is to equip the individual with the necessary life skills to manage their mental illness so that they are able to function at their full potential. The approach emphasizes accepting mental illness and developing skills to deal with the illness and substance abuse; decriminalizing client's thinking and behavior; and fostering positive social skills and role performance. Ninety-five percent of the clients that leave this program return to the community. Many continue their care through Behavior Health Court while others re-enter through residential programs or outpatient treatment programs.

JPS coordinates and arranges for the hospitalization of patients in acute psychiatric distress with San Francisco General Hospital, Ward 7L (security ward). Ward 7L provides full inpatient treatment services to prisoner/patients whose psychiatric conditions preclude housing in the jail facilities. During 08-09, 429 prisoner/patients met acute criteria for psychiatric hospitalization.

Additionally, JPS offers regular training and education to the Sheriff's Department regarding suicide prevention and management of psychiatrically impaired prisoners. JPS also participates in the Crisis Intervention Training (CIT) of San Francisco police officers and San Francisco deputy sheriffs. This class teaches law enforcement officers about individuals with mental illness and gives them additional tools to use when encountering person with mental illness.

Jail Aftercare Services

Jail Aftercare Services (JAS) is a program component of JPS. JAS assists prisoners with serious mental health problems to obtain treatment and social support services in the community upon release from jail. JAS seeks to extend the continuum of care for these individuals by providing intensive case management as well as initiating therapeutic contacts for individuals who do not have established resources in the community mental health system.

Social Security Administration personnel come into the jail to begin the process for SSI application and interview prisoners that we have scheduled. Additional, prisoners who have been in the San Francisco jail a year or less and were on SSI leave the jail with a letter that will assist them in getting their suspended benefits reinstated.

Case managers provide an evaluation of the client to determine his/her strengths, needs and resources. Following the evaluation, JAS develops a plan for the client. Case management will continue for an extended period of time, provided the client maintains contact, has not left the county nor returns to the criminal justice system. During that time, a case manager is available for crisis intervention, securing acceptable living arrangements, teaching daily living skills and advocating for entitlements as well as providing individual counseling to the client.

JAS staff completes Superior Court-ordered evaluations (PC 4011.6). JAS works with the prisoner, the courts, attorneys, probation officers and community agencies to transition the prisoner from the criminal justice system to an appropriate community setting as an alternative to sentencing, as a condition of probation or upon release from custody.

JAS is also a key contributor to Behavior Health Court (BHC). In response to the growing number of mentally offenders cycling through the criminal justice system, the Superior Court established a court that would serve these individuals. The legal system and Community Behavioral Health Services developed the program that currently oversees the cases of approximately 125 mentally ill offenders. BHC held its seventh graduation this year. The San Francisco court participated in a MacArthur Foundation study of four mental health courts. This research showed that individuals with more serious charges and more serious mental illness did the best in mental health court. The study has received funding to continue this research.

Forensic AIDS Project

The Forensic AIDS Project (FAP) began providing HIV education to prisoners in 1983. Over the years, the services have been tailored to address the needs of the clients and to ensure the most up to date HIV/AIDS prevention and treatment, as well as case management, services are offered.

FAP provides a model for HIV services in jails and prisons. It was the first program in the State to provide these services and remains one of only six correctional institutions nationwide to provide condoms to prisoners. Under the direction of the Program Director, FAP provides services in two primary areas:

FAP Prevention Services

A grant monitored by the San Francisco AIDS office and funded by the Centers for Disease Control funds FAP to coordinate voluntary HIV testing services in the five county jails using a modified Medical Model HIV testing intervention. Services include: confidential HIV testing and disclosure of HIV positive results, including counseling, linkage to care and partner services, as well as coordination of health education workshops with Spanish mono-lingual men, women and transgenders.

In 2007, with funding from the Center for AIDS Prevention Studies, in collaboration with the Center for Health Justice, installed a condom dispensing machine was installed in the downtown jail gymnasium. This machine has facilitated condom access for prisoners at the Hall of Justice and has been replicated in a pilot project in one of the California state prisons.

In 2009 FAP's Prevention Services began implementation of a modified Medical Model HIV testing program. This pilot started with a training for nursing staff consenting clients who request an HIV test. At the end of the initial 11 month period (February through December 2009), 1,140 people had been tested and 13 new positives identified. The next phase of this pilot involves implementing an opt-out model for any Jail Health Services patients having their blood drawn.

FAP Center of Excellence (CoE) Early Intervention Services

FAP provides primary medical care and case management, HIV education, Prevention with Positives, medication planning, nutrition planning, referral and community resource information, alternative placement, compassionate release, post-release planning, housing, substance abuse and mental health placements, advocacy and community follow-up to over 600 unduplicated HIV infected prisoners per year through the FAP Center of Excellence Early Intervention Program. FAP clinicians, nurses and case managers have 9,500 encounters with HIV-infected patients annually. The average daily caseload is between 80 and 120 patients. 50% percent of patients carry a diagnosis of AIDS and 50% percent have a diagnosis of HIV disease. Nearly 85% of FAP COE clients are linked to primary HIV providers in the community. Despite the success FAP case managers experience when linking FAP clients into healthcare in the community,, a significant minority of patients only truly access HIV care services while incarcerated.

The FAP Center of Excellence, whose funding cycle began November 1, 2005, differs very little in terms of essential core services from previously funded early intervention models. The strength and difference from prior models is reflected in an improved communication system with community providers when a client enters the jail and again upon release. This heightened communication results in a much more fully integrated system of care between the jail and the community.

In July, FAP entered into a research project funded through the University of California to explore the benefits of providing HIV+ clients with navigators to accompany them to their post-release appointments. This five year University of California research project is a collaboration of FAP and the San Francisco Pretrial Diversion Project.

In addition to the linkages and referrals clients receive in preparation to return to the community, FAP's CoE case managers work with Tenderloin Health, the HOPWA housing program and with Shelter Plus Care to house clients upon release while placing them with primary care providers and with community-based case managers to ensure their successful integration into community-based healthcare.

Jail Dental Services

JHS offers dental services to all prisoners in the County Jails through dental clinics at County Jails # 2 and 5. Dental services include x-rays, sedative fillings, permanent fillings and extractions. In FY 08/09, approximately 3,700 dental visits occurred. Dental Services refers patients with more serious conditions to the oral surgery clinic at SFGH.

Women's Health

JHS offers a full range of health care services to women in the SF County Jail. This includes, pregnancy testing, pre-natal care, routine gynecologic care, family planning services, and screening pap smears, and mammograms. Pregnant women are also referred to SFGH for pre-natal care and delivery.

In July 2009, JHS, in collaboration with the UCSF Obstetrics and Gynecology Residency Program, established a program through which all first year Ob/Gyn residents spend a half day every week seeing patients at the San Francisco County Jail during their 6 week

ambulatory care rotation. Under close supervision of Ob/Gyn attending physicians from SFGH, residents evaluate and treat women with a broad range of obstetrical and gynecological issues and perform minor procedures. In addition to clinical work, the curriculum includes weekly readings and discussions which pertain to the general & reproductive health issues for incarcerated women, as well as general literature on social disparities in health. The residents gain an understanding of how race, socioeconomic status, and other social determinants of health contribute to health disparities. In addition, they learn about providing health care within the criminal justice system and offer the patients continuity of care both within the jail system and after release. The program also eliminates the need for the SFSD to transport these patients to SFGH for specialty care.

Jail Pharmacy Services

JHS maintains the operation of three pharmacies located at CJ2, CJ4 and CJ5. Each pharmacy location is registered independently as a “Licensed Correctional Facility” pharmacy with the California Board of Pharmacy, and possesses a unique Drug Enforcement Administration (DEA) registration number. Transfer of bulk, undispensed (definition = not specifically ordered by a clinician and dispensed by the pharmacy for a particular patient) medications between jail pharmacies is illegal. Medication orders from all the jails are filled and dispensed at the central pharmacy located at County Jail # 5. Medications are delivered Monday through Friday. Pharmacy staff is present at the CJ2 and CJ4 pharmacies on a twice-weekly basis to take inventory and to order medications for pharmacy stock; accept and distribute unit dose exchange deliveries to the clinics; manage medical clinic floor stock (emergency medications and night locker supplies) and controlled substance inventories; and monitor and manage pharmaceutical operations at the downtown facilities.

Approximately 250,000 medication orders (both new orders and refills) were dispensed by the pharmacy in 2009. JHS pharmacists review all medication orders to ensure rational and cost-effective drug therapy. They also provide drug information, consultation and support to health care staff. Unit dose medications are dispensed in individually labeled containers for each patient which are then delivered to the patients by nursing staff. Certain medications, i.e. medications for chronic diseases (asthma, diabetes, and hypertension), antibiotics, gastrointestinal medications, and non-controlled analgesics, are dispensed to qualified prisoners as Self-Administered (SA) medications in fifteen to thirty day supplies (equivalent to an outpatient prescription). The pharmacy also provides a seven (7) days supply of discharge medications to HIV patients and to patients entering mental health or substance abuse programs. Clinical staff write discharge prescriptions for patients with chronic conditions such as diabetes and hypertension to ensure continuity of care upon release to the community.

The JHS Pharmacy and Therapeutics (P&T) committee has authority and responsibility for management and continual review of the facility drug formulary, and for development of policies and procedures regarding the management of pharmaceuticals in the jails. The committee is composed of the Director/Medical Director, Assistant Medical Director, Psychiatric Medical Director, a Nursing Manager, the Pharmacy Supervisor and a Nurse Practitioner. The P&T committee meets quarterly.

The JHS drug formulary is reviewed and updated annually, or as needed by the P&T Committee as new clinical information and pharmaceuticals become available. Medications are evaluated for addition to or deletion from the formulary based on efficacy, safety, side-effect profile, comparisons to existing formulary drugs and cost-effectiveness. The JHS formulary is very limited in comparison to the rest of the Department of Public Health drug formularies. For example the San Francisco General Hospital (SFGH) outpatient drug formulary contains approximately two thousand five hundred (2500) different medications. The JHS formulary contains two hundred fifty (250) drugs.

JHS's goal is to provide optimal drug therapy for our patients and at the same time to stay within our drug budget. It is a challenge for our healthcare providers to limit medication prescribing to those drugs on the JHS formulary when patients from the community, including SFGH, community health centers and mental health clinics, the state mental health hospitals and other jails and prisons, enter SF County Jails on non-formulary medications. Clinicians in consultation with pharmacists either change patients to comparable formulary medications or in many cases, when this is not feasible, must prescribe non-formulary medications. This is particularly challenging in the case of expensive psychiatric medications.

Tuberculosis, Sexually Transmitted Infection and Hepatitis C Programs

Tuberculosis and sexually transmitted infection screening programs in the jail provide a significant opportunity to screen, diagnose and treat people who generally do not receive health care in the community. Intake medical screening and intense post admission screening for TB infection has greatly reduced the risk of exposure for employees and other prisoners. Approximately 9353 tuberculin skin tests were applied (6325 read) last year, of which 396 (6%) were positive. There was one new cases of active TB identified in the jails. Contact investigation did not reveal any evidence of transmission to staff or other prisoners.

Jail Health Services and the Sexually Transmitted Disease clinic have collaborated in the planning and funding of expanded programs for the screening of prisoners for sexually transmitted disease. JHS currently performs urine based screening for gonorrhea and chlamydia and serologic testing for syphilis. If patients are released prior to treatment, STD control attempts to find and treat them in the community. In 2009, 5,164 tests for chlamydia, 5,165 tests for gonorrhea, and 1,015 tests for syphilis were performed. Two hundred eighty-seven (287) new cases of chlamydia were identified, of which 86% were treated, 59 new cases of gonorrhea were identified, of which 95% were treated, and 3 cases of syphilis (1 primary, 1 secondary, 1 early latent), were identified of which 2 were treated. The untreated cases were released from custody before they could be treated and STD Control was unable to find them in the community.

STD control has performed a study to determine whether screening adults in jail can impact community sexually transmitted infection (STI) rates. They looked at STI trends among females aged 15-25 years at 2 neighborhood clinics with different incarceration rates. They found that STI screening in the jail targets neighborhoods with high STI rates and that STI rates in these neighborhoods declined over the study period. STI rates in the other neighborhood, with lower incarceration rates, remained stable. They concluded that STI screening in adult jails is associated with community STI rate reduction.

Hepatitis screening and vaccinations are an integrated component of the services offered by JHS. Testing for hepatitis C is performed when clinically indicated and upon request. Vaccinations for hepatitis A and B are offered to patients with hepatitis C and/or HIV disease, and are also available upon request.

SFGH Medical Center

The in-patient custody wards located at San Francisco General Medical Center are a national model for inpatient, in-custody services. Ward 7D (an 11 bed medical/surgical unit) and Ward 7L (a 12 bed psychiatric inpatient unit) operate as maximum-security wards within the main facility of SFGH. The patients on these wards have full access to the resources within the hospital. Per SFGH policy, Ward 7D is only open if there are more than 2 patients. If there are less than 2 patients, they are housed on a non-custody ward with SFSD deputies in attendance. When 7L is full, overflow patients are seen and observed at PES until a bed is available. Patients requiring services not available at SFGH are transferred to UCSF. The JHS Director/Medical Director oversees the care of hospitalized patients.

In 2009, there were 289 medical admissions to SFGH. Ward 7D had an average daily census of 2.6 patients. There were 404 admissions psychiatric admissions. Ward 7L had an average daily census of 4.9 patients.

In addition to inpatient services, all prisoners have access to the comprehensive outpatient and emergency services at SFGH. JHS books appointments on a daily basis for outpatient clinics and special procedures. The JHS Director/Medical Director acts as a liaison between the hospital and Jail Health Services. The Sheriff's Department provides transportation for prisoners between the jails and the hospital. In 2009 SFGH saw 1622 prisoners for clinic appointments and 640 prisoners for emergency room visits.

Continuous Quality Improvement Program

The Jail Health Services' Continuous Quality Improvement (CQI) Program has established an interdisciplinary approach to improving the quality of patient care. CQI focuses on improving systems, operational procedures and patient care protocols and ensuring that staff has the resources necessary to effectively perform their jobs. CQI makes objective evaluations of the efficiency and effectiveness of Jail Health Services and facilitates the implementation of corrective action plans when indicated.

Discharge Planning

JHS staff provides services to prisoners who will be released into the community. Effective linkage into suitable community resources benefits both the prisoner and the community. Staff works with prisoners during incarceration and upon release assisting them with, shelter, treatment, and benefits.

A recent article, *Discharge Planning and Continuity of Health Care: Findings From the San Francisco County Jail* found that continuity of health care among HIV positive prisoners who received FAP's discharge planning were 6 times more likely to have a regular source of care in the community compared with prisoners with other chronic medical conditions and they were as likely to have a regular source of care compared with

the general San Francisco population (Am J Public Health. 2009;98:2182-2184. doi:10/2105/AJPH,2007.119669).

HIV infected and psychiatric patients are provided a two-week supply of discharge medications upon release. Prescriptions for other chronic medications are given to the patients.

V. CHALLENGES AND FUTURE DIRECTIONS

Our clients are complex and diverse. During incarceration, many become stable due to the accessibility of medical and mental health care. In addition, most prisoners become institutionally clean and sober. The immediate post-release period is critical for relapse/recidivism. With 28 percent of jail prisoners homeless, it is essential that this special needs population be addressed upon release.

Discharge planning and, when appropriate, case management, are the keys to the successful linking of our prisoner-clients with crucial community services for treatment and social services. Both our clients and the community benefit from better health, reduced crimes and an improved quality of life. Coordination of these transitions is a challenge and a necessity for Jail Health Services, the Department of Public Health, and San Francisco. These services can have a tremendous impact in reducing recidivism and increasing the standard of living for our clients. Additionally, the community positively benefits from crime reduction, family reunification and reduction in utilization of medical and mental health services at the most costly level (i.e. emergency department and acute psychiatric care).

Our criminal justice system has had a long-standing problem with recidivism of prisoners with mental illness. In addition to our case management program, we seek ways to divert these clients into appropriate treatment programs in lieu of criminal prosecution. This includes working with judges, adult probation, prosecuting and defense attorneys as well as the police and sheriff and our community treatment providers. The best example of this are collaborative courts like Behavioral Health Court and Community Justice Center.

Jail Health Services' major challenges lie in expanding the capacity to perform effective discharge planning and facilitate continuity of care for patients with serious medical and mental health problems being released from the jail. Through sharing of information, outreach and a better understanding of the needs of our clients we hope to reach this goal.