



San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

# Jail Health Services

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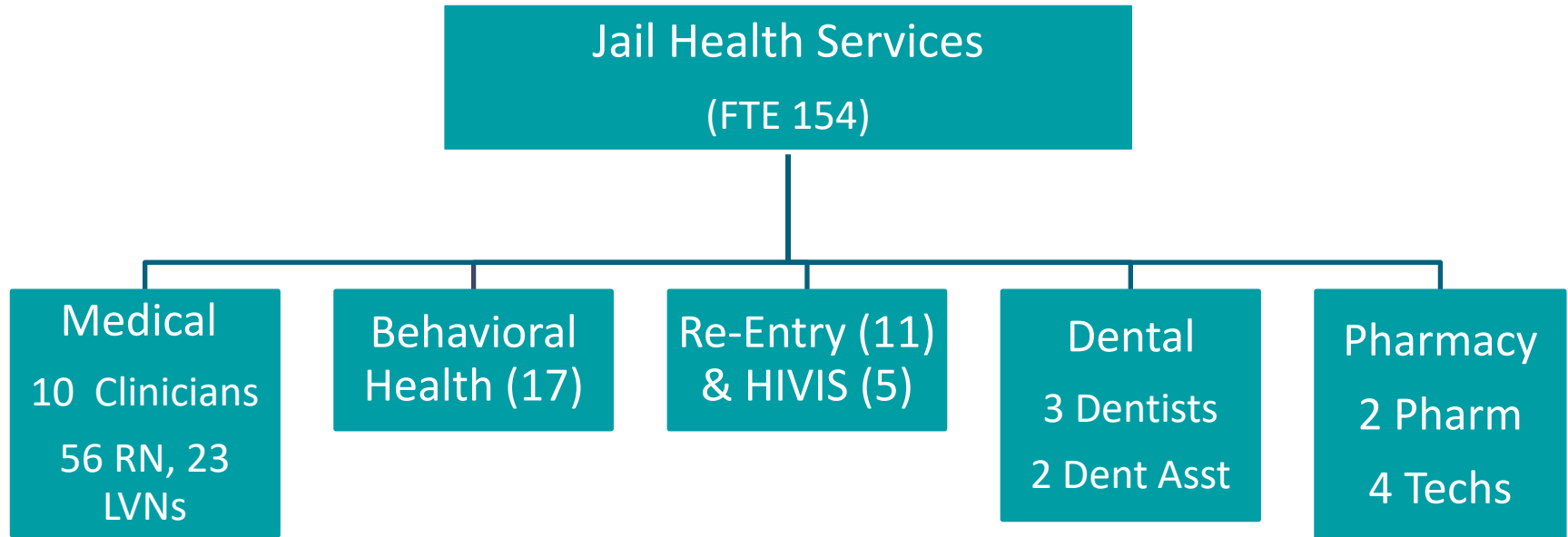
January 19, 2021



- Overview of Jail Health Services
- Incarceration as a public health issue
- Demographic of San Francisco's jail population
- JHS Behavioral Health
- MacArthur Foundation Safety and Justice Challenge
- Response to COVID-19



# JHS Organizational Structure





## FY 20-21 Operating Budget

Salaries & Fringe – 154 FTEs	27,116,098*
Professional & Specialized Services	2,557,014
▪ Includes X-ray, podiatry, UCSF OBGYN and psychiatry	
Pharmaceuticals	3,870,997
Medical, Lab & Office Supplies	637,381
Equipment	505,285
Rents & Leases	266,480
Other expenses	3,366,258
	\$ 38,279,513



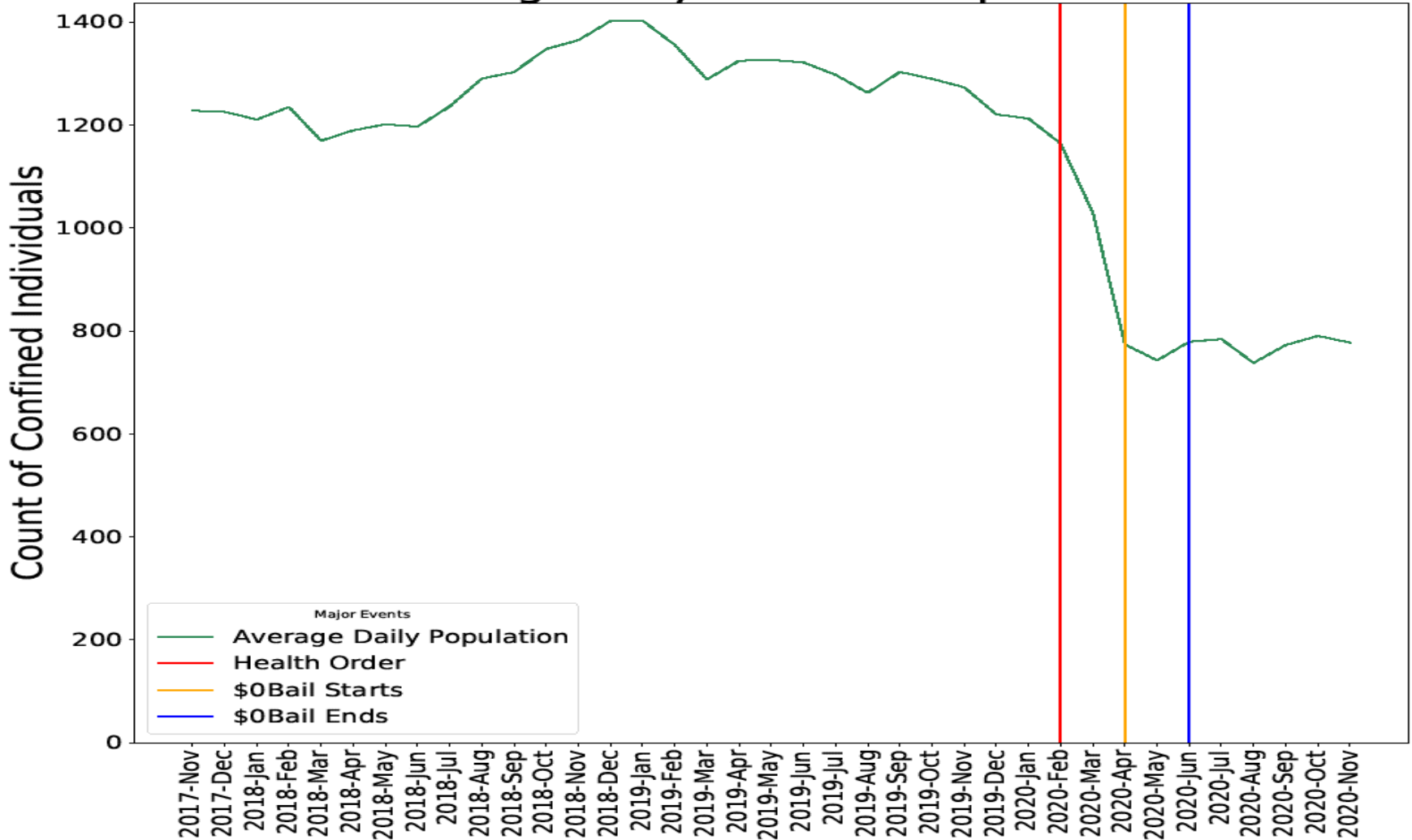
# Incarceration as a Public Health Issue

- Health Commission resolution adopted on March 24, 2019
- DPH demonstrates critical role of public health to prevent criminal justice involvement and address its negative effects
- Social, economic and environmental determinants of health predict criminal justice involvement
- Criminalization of race, homelessness and poverty, substance use disorders and mental illness leads to incarceration



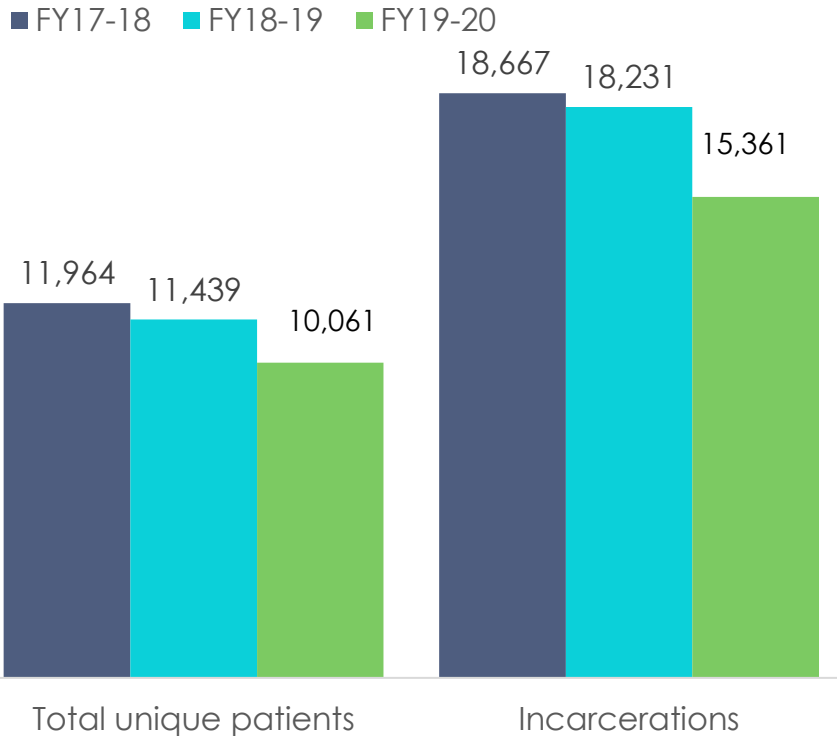
# Jail Population 2017-2020

## Average Daily Confined Population

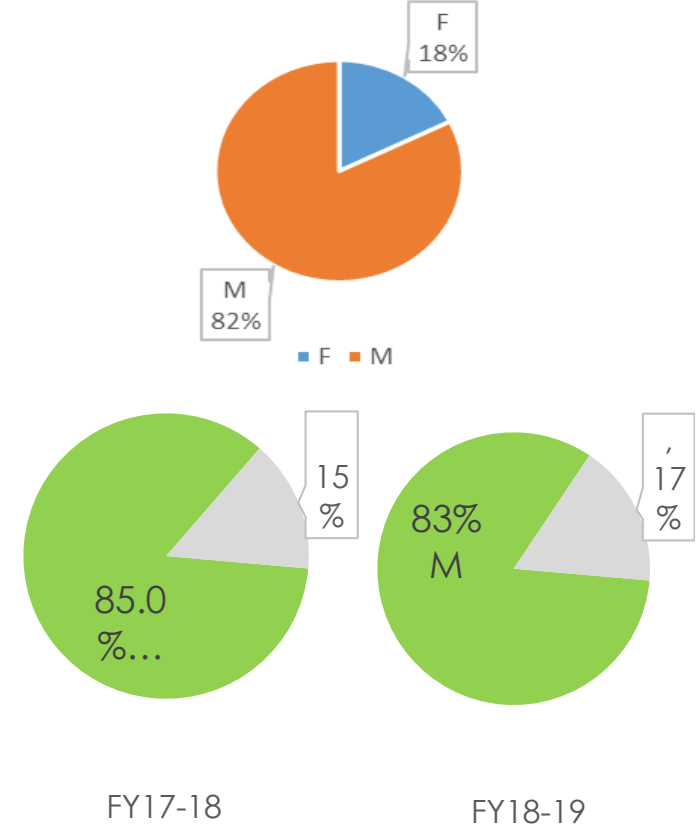




# Jail Population 2017-2020

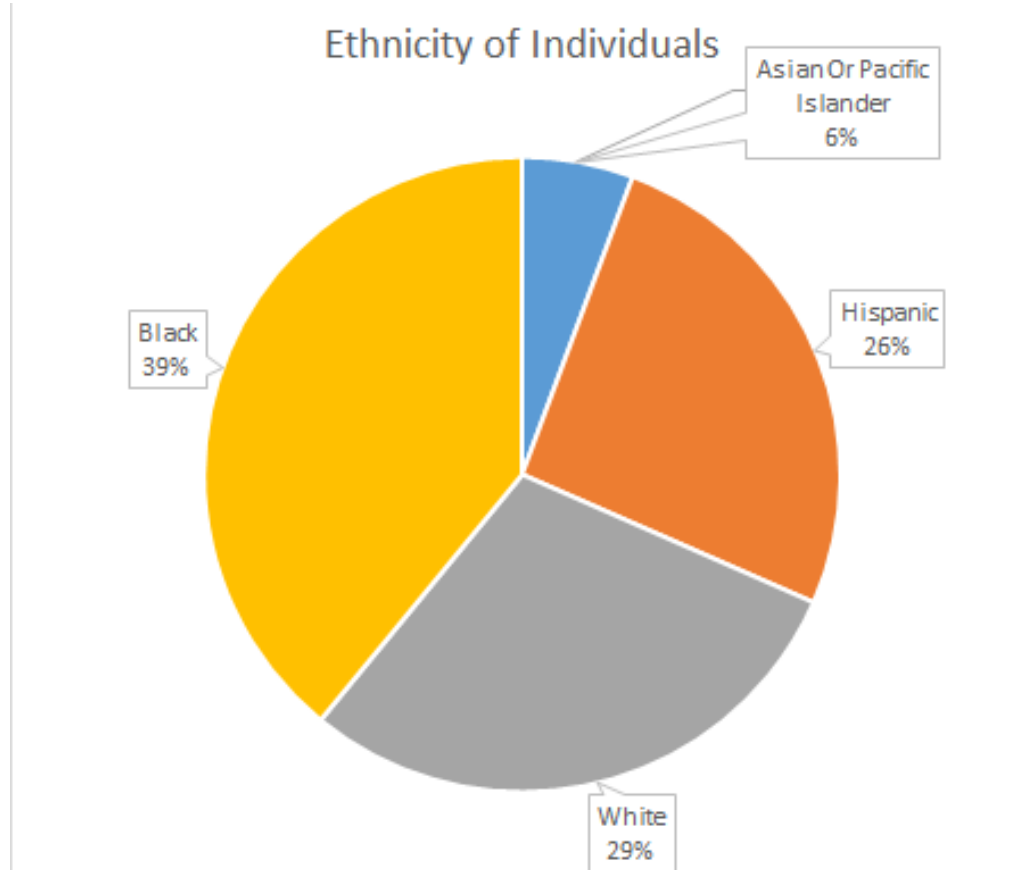


Gender of Individuals 19-20





# Race/Ethnicity Booking Data FY19-20

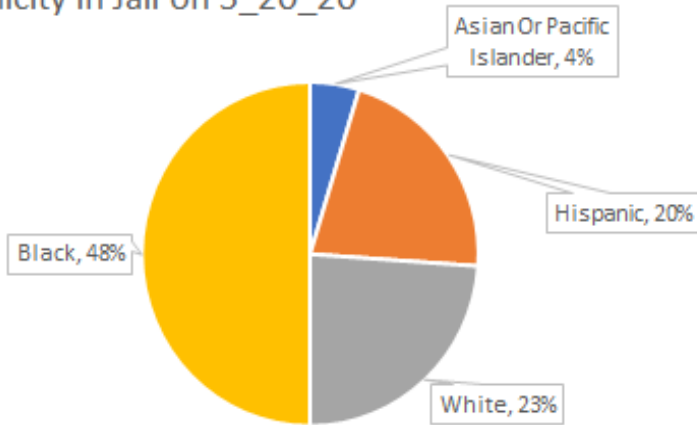






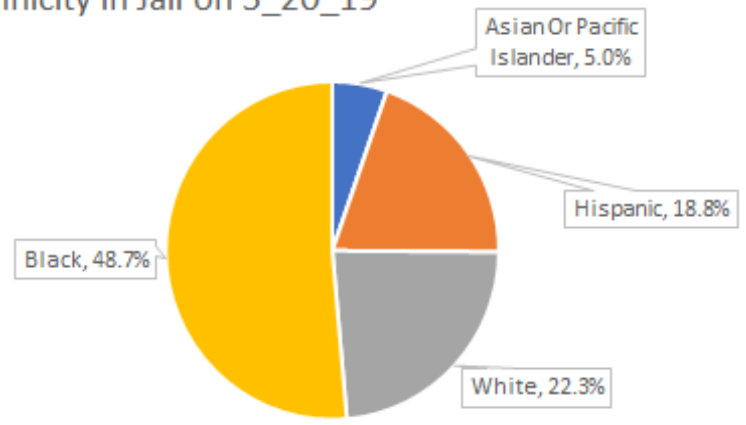
# Race/Ethnicity Point in Time

Ethnicity in Jail on 5\_20\_20



■ Asian Or Pacific Islander ■ Hispanic ■ White ■ Black

Ethnicity in Jail on 5\_20\_19

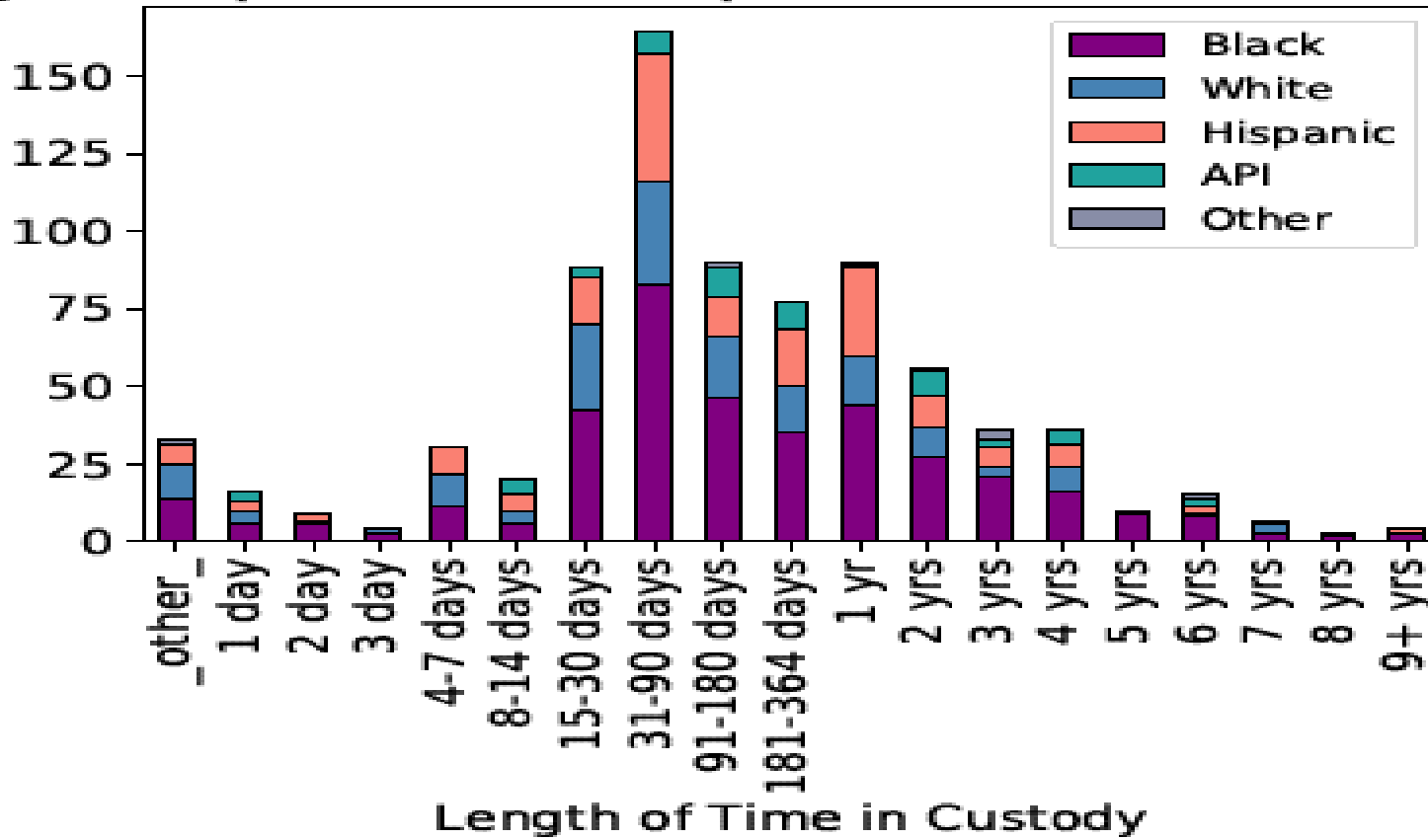


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# Who Stays in Jail?

## Jail Population Snapshot Time in Custody





# Behavioral Health

## JHS Behavioral Health Services

- 27 (6 vacant) JHS BH staff
- Every person screened at intake – 29% need additional follow up
- @1300 linkage on discharge

Significant percentage of jail population has serious mental health issues

Of the 764 people in custody on January 6, 2021:

- Under BHS care: 409 (53.5%)
- On psychiatric medications: 198 (26%)
- MHSF population: 94 (12.3%)
- Evaluated by HSH Coordinated Entry: 145 (19%)
- HSH Priority Status: 10 (1.3%)



# Safety and Justice Challenge

- Grant from MacArthur Foundation to DA's office
- Goal: reduce jail population by 17% (to 1044)  
**ACHIEVED**
- Strategies:
  - **Reduce** time to treatment (1 2930 staff person in JHS Reentry)
  - **Reduce** case processing time
  - **Reduce** case resolution time
  - Identify & prioritize **HUMS/Shared Priority** patients for review/expedited processing
  - Create cross-system education to facilitate allowable **data sharing/collaboration**



# Bail Reform

- 10/2019 - SB 10 signed into law by Governor Jerry Brown
  - Eliminates cash bail system for non-violent, non-serious and non-sex offenses replaced with Public Safety Assessment (PSA) tool
  - Prop 25 defeated Nov 2020 – cash bail elimination overturned
- 2/20/20 - Court reviews PSA results done within 8 hours and has 18 hours to make final decision, can be extended for another 12 hours with law enforcement request (Buffin v SF)
- 4/6/20 - Zero dollar bail temporarily instituted for misdemeanors and non-violent felonies by state Judicial Council
- 6/20/20 – Zero dollar bail ends – SF Presiding Judge elects not to extend
- 1/3/21 - Humphrey argument begins at CA Supreme Court



## Strategies to prevent transmission and mitigate outbreaks

- Decrease population density
  - Work with criminal justice partners to reduce jail population
  - Move incarcerated people to all available locations with single cell where possible
- Identify and mitigate risk
  - Test all people at booking
  - Rapid turn-around-time essential for quick isolation
  - Designate isolation and quarantine housing for people on release
  - Cohort medically vulnerable



# JHS and Sheriff's Office Partnership

- Staff and patient education
  - Hand washing, masking, distancing, symptoms
- Jail closed to all non-essential personnel
- Symptom screening and temp checks for all
- Masking requirement for all staff (JHS, SFSO) and incarcerated people
- Increased cadence of cleaning/sanitizing facilities
- Staff surveillance testing



# Mirroring Medical Branch Strategy

- San Francisco has adopted a health response strategy that can be described as “Test, Trace, and Isolate”
- Requires both centrally-orchestrated systems of disease control as well as coordination with health care systems
- Preparedness for surge response and mitigation is essential for weathering inevitable surges
- The “ticket out” of the pandemic will be mass vaccination







# Isolation Categories

Category	Definition	Housing	Movement	Discontinuation of Isolation
Suspect or Positive Case Isolation	Symptoms and awaiting test/result or positive	Single, Solid door with port	No Court, No Visiting. Shower alone, disinfect after Phone at cellside ok, disinfect after Walk alone  Staff wears N95, face shield and gloves if in contact with patient out of the cell. If close contact, also gown	If negative COVID test ->Other Respiratory Isolation  <b>If positive COVID test</b> 1. Liberalize movement with mask at day 10 (same as other resp iso) 2. Release from iso after 14 days with 2 negative tests, 24 hours apart
Other Respiratory Isolation	Neg COVID, continue iso to prevent spread of other resp virus	Solid door with port or single celled	Court/Visiting/Phone with mask.  Walk alone  Staff wears Surgical Mask	Symptoms improving and 7 days from symptom onset AND 72 hours fever free; shorter case by case. Lowest risk isolation (first to be moved out of isolation if there is a space crunch)
Exposure Isolation	Asymptomatic, high-risk exposure to confirmed case or outbreak or Inpatient/PES/ED return	Solid door with port or single celled  Ok to house in same cell as same (if same exposure eg	Court/Visiting/Phone with mask Walk alone or in group of same  Staff wears Surgical Mask	14 days if a new intake (even if test neg) 3 days for hosp return Case by case if already incarcerated



# Open Dorm Pods





# Covid Isolation Cells

