



SAN FRANCISCO  
Department of Public Health  
Jail Health Services

Overview of Services  
FY 11-12

## OVERVIEW OF JAIL HEALTH SERVICES FY 11-12

### I. INTRODUCTION

The City and County of San Francisco's Jail Health Services (JHS) provides a comprehensive and integrated system of medical, psychiatric and substance abuse care to inmates/patients in the San Francisco County Jail system. During FY 11-12 JHS staff individually triaged over 24,000 and medically screened over 16,000 inmates.

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 inmates/patients 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 are 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 of 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. If there are fewer than 3 medical in-patients at SFGH, Ward 7D is closed and these patients are admitted to general medical-surgical wards with custody staff guarding them. The JHS Director/Medical Director oversees the care of patients at SFGH. Direct medical and nursing care is provided by hospital staff.

## II. POPULATION SERVED

### Jail Population

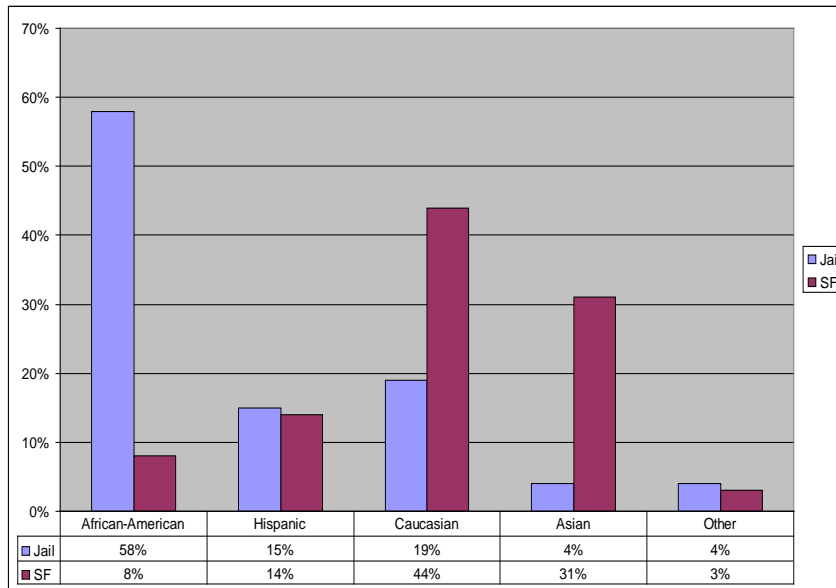
- The Average Daily Population in FY 11-12 of the Jail System was approximately 1,535 prisoners.
- Rated maximum capacity of the jails: 2,412 prisoners (There are an additional 76 prisoners in med/psych housing at County Jail #2 who are not counted towards the rated capacity).
- The average length of 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

- 91% of the jail population is male.
- 9% of the jail population is female.

### Ethnicity

- 58% of the jail population is African-American.
- 19% of the jail population is Caucasian.
- 15% of the jail population is Hispanic.
- 4% of the jail population is Asian.
- 4% of the jail population is Other.



### **Age**

- **18-24**      **19%**
- **25-44**      **52%**
- **45-64**      **28%**
- **65+**         **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 coverage at each county jail on a daily basis. In FY 11-12, there were over 17,000 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 80 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 11-12, there were approximately 119,000 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 multidisciplinary program employs a multidisciplinary staff comprised of psychiatrists, psychologists, therapists, 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' mental health services are 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 11-12, JPS performed 4,734 mental health evaluations and conducted 31,794 psychiatric visits for patients who required stabilization.

JPS provides a variety of mental health services including: crisis intervention; screening and initial evaluation; ongoing individual 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 # 5 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 Behavioral 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 FY 11-12, 379 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 the program component of JPS that focuses on community reentry planning for inmates with mental health and major medical needs. The multi-disciplinary JAS team led by the Director of Reentry Services includes one JAS supervisor, four clinical case managers, one discharge

planner, and one mental health counselor. JAS's primary goals are to enhance patients' chances for successful transition back into the community and to reduce recidivism and increase public safety.

JAS primarily serves the severely mentally ill and medically fragile inmate populations by developing client-driven reentry plans that address individual needs and risks and providing information and referral services. Additionally, JAS collaborates with the criminal courts to develop alternative legal dispositions that allow for treatment in lieu of incarceration. The team's focus is on preventing the interruption of treatment and loss of services that typically occur when an individual is incarcerated by creating or re-establishing linkages to community-based treatment and acting as liaisons between the multiple systems impacting clients' lives. These systems include the clients' natural support systems, the community system of care, the criminal justice system, and the legal system. While all of these systems impact clients' lives, often they do not communicate and/or are unaware of or unfamiliar with each other. As a result, each system functions independently and discordantly. JAS case managers work to address this issue and how it prevents patients from experiencing care as seamless by educating each system and encouraging communication and collaboration.

The primary tool used by JAS case managers to help divert clients with mental illness out of the criminal justice system and in to treatment in the community is San Francisco's Behavioral Health Court (BHC). JAS case managers are the clinical gatekeepers for the BHC. They make eligibility decisions based on diagnostic criteria, history of mental health treatment, rates of hospitalization and incarceration and amenability for participation in the court. Once an individual is admitted to BHC, JAS case managers facilitate participants' transition to the community and provide regular progress reports to the court regarding participants' treatment compliance and well-being.

Additional, specialized services provided by JAS include competency restoration treatment for patients who are found to be incompetent to stand trial on a misdemeanor charge and Veteran reentry assistance to incarcerated individuals who have served in the armed forces. The Competency Restoration Clinician works with Community Behavioral Health Services (CBHS) to develop a treatment plan designed to restore competency and communicates regularly with the courts to keep them apprised of the client's progress. The Veterans Reentry Specialist, a position that was funded through a Substance Abuse and Mental Health Services Administration grant, works closely with inmates who have been identified as Veterans to provide linkage to services through the Department of Veterans' Affairs, advocacy within the courts, and comprehensive reentry plan development and implementation.

### **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, treatment and 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 a handful of 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 (LHEAP Team)**

Expanded and integrated testing services (HIV, hepatitis and STD testing) are provided by the LHEAP (Linkages to Health Education and Prevention Programs) Team using an opt out model. The team provides disclosure of positive results, as well as counseling, linkage to care and partner services. This new integrated testing model is being offered in collaboration with the STD Division of the Department of Public Health and has resulted in an increased volume of testing for all three communicable diseases.

The LHEAP team coordinates health education workshops for transgender prisoners in collaboration with the Sheriff's Department, Instituto Familiar de la Raza and Asian Pacific Islander Wellness Project. The team also provides support for health education workshops for women that are facilitated by medical students under the director of Dr. Carolyn Sufrin, the JHS Ob-Gyn. In addition the team co-facilitates focus groups, with medical students, to elicit patient feedback about the healthcare services provided in the jails. Furthermore, the team maintains condom machines throughout the jail system.

The LHEAP Team works closely with FAP's Center of Excellence to assure a smooth transition into care for newly diagnosed patients.

In 2010, FAP launched a digital story-telling project, *From the Center*, with incarcerated African American women. Digital stories are an innovative educational tool which utilizes still or moving images, simple computer based technological editing and a focus on personal narrative. We used digital storytelling as a vehicle to discuss HIV transmission and the stigma surrounding HIV, particularly in a jail setting. This project afforded African American women, significantly impacted by HIV, to create their own educational digital story. It was a collaborative effort among, academicians, health educators and incarcerated and formerly incarcerated women. The results from this project can be viewed on the website: [www.ourstorysf.org](http://www.ourstorysf.org).

### **FAP Center of Excellence (CoE) Early Intervention Services**

When a prisoner is diagnosed with HIV, s/he is linked into care with FAP's Center of Excellence (CoE) within 24 hours. FAP's CoE offers primary medical care and case management, HIV education, Prevention with Positives, medication and nutrition education and planning, referral and community resource information to over 600 unduplicated HIV infected prisoners per year. It also offers assistance with alternative placement, compassionate release, post-release planning, housing referral, substance abuse and mental health placements, advocacy and community follow-up. Much of the success of this program is due to the strong community-based ties that have been developed over the years.

FAP clinicians, nurses and case managers have 9,500 encounters with HIV-infected patients annually. The average daily caseload is approximately 80 patients on any given day. 50% percent of patients carry a diagnosis of AIDS and 50% percent have a diagnosis of HIV disease. As a part of discharge planning, FAP case managers link CoE clients with a primary provider 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.

In 2009, FAP, in collaboration with the UCSF Center for AIDS Prevention Studies and the San Francisco Pretrial Diversion Project received funding for the Navigator Project, a study to evaluate patient outcomes when HIV+ prisoners receive case management and peer navigator services for a full year. This five year research project is in its third year.

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

In 2010, FAP received funding from the Bay Area Network for Positive Health (BANPH) to identify and link into care the approximately 80 prisoners who identify as HIV positive but do not receive care in the community and do not remain in custody long enough to receive care from FAP. These 80 patients are largely mentally ill, have had an HIV diagnosis, on average, for the past 10 years, and are not in care. This project has identified a population of HIV + prisoners who have functioned largely under the radar since diagnosis. Engaging them in care can take as much as 14 to 17 contacts over many months.

### **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 11-12, approximately 3,900 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.

Over 212,000 medication orders (both new orders and refills) were dispensed by the pharmacy in FY 11-12. 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 writes 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. In FY 11-12 4,154 tuberculin skin tests were applied (3,196 read), of which 396 (4.9%) were positive. There were no new cases of active TB identified in the jails.

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 2011, 4,694 tests for chlamydia, 4,692 tests for gonorrhea, and 1,068 tests for syphilis were performed. Two hundred twenty-one (221) new cases of chlamydia were identified, of which 85% were treated, 46 new cases of gonorrhea were identified, of which 87% were treated, and 9 cases of early syphilis were identified of which 6 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. JHS has also initiated a program that targets the Asian Pacific Islander population in the jail for hepatitis B testing, vaccination, and treatment.

### **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 FY 11-12, there were approximately 100 medical admissions to SFGH. Ward 7D was not opened most of FY 11-12 and had an average daily census of less than 1%. There were 307 psychiatric admissions. Ward 7L had an average daily census of 5.6 patients.

In addition to inpatient services, all prisoners have access to the comprehensive outpatient and emergency services at SFGH. JHS schedules 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 FY 11-12 SFGH saw 1102 prisoners for clinic appointments and 450 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**

JHS 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 prevention of relapse/recidivism. Moreover, 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 prisoner-clients with crucial community services for treatment and social services. Both the clients and the community benefit from better health, reduced crime 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. In line with this goal, Jail Health Services' staff is actively involved in the Department's efforts to create an Integrated Delivery System.

## VI. BUDGET AND STAFFING SNAPSHOT

<u>FY 1011-2012 Operating Budget</u>	<u>JHS Staffing</u>		
Permanent Salaries - Nurses	9,188,583	Administration	2.0
Fringe Benefits & Retirement	5,522,709	Information Technology	2.0
Permanent Salaries - Miscellaneous	4,976,014	<u>Dental Services</u>	
Contracts (Jail Psych, X-ray, Podiatry, EKG)	3,458,656	Dentist	1.4
Pharmaceuticals	2,168,285	Dental Aide	2.0
Premium Pay	728,306	Medical Records	4.0
Materials and Supplies	642,258	<u>Pharmacy</u>	
Services of Other Departments	468,781	Pharmacy Manager	1.0
Overtime Pay	507,224	Pharmacist	2.0
Holiday Pay	175,204	Pharmacy Technician	5.0
Rent & Utilities & Lease Equipment	107,760	<u>Clinical</u>	
Other Expenses	101,330	Sr. Physician Specialist	3.0
Maintenance Buildings and Equipment	26,600	Nurse Practitioner	7.0
Training	500	Clinical Pharmacist	1.0
Employee Expenses	800	Nurse Manager	2.0
Court Fees	3,000	Registered Nurse	59.0
Membership Fees	200	Licensed Vocational Nurse	24.0
Allocated Charges (Attrition)	-451,924	Unit Clerk	2.0
<b>27,624,286</b>		<u>Forensic AIDS Project</u>	
		Administration	1.0
		Supervising Physician	1.0
		Registered Nurse	1.6
		Health Worker	2.0
		Porter Services	9.0
		<u>Jail Psychiatric Services (contracted positions)</u>	
		Psychiatrist	1.5
		Psychologist	1.0
		Therapist	22.0
		Counselor	2.5
		<b>159.0</b>	