



San Francisco
Health Network

Jail Health Services: a system of care for incarcerated people

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Community and Public Health Committee

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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH





Overview of Presentation

- I. **Overall mission and health services provided at the county jails:**
organizational structure
- II. **Service models:** medical and behavioral health, reentry planning
- III. **Population served:** gender identity, race/ethnicity
- IV. **Staffing:** healthcare team responsible for providing care to people in custody
- V. **Program focus:** Overdose prevention and opioid use disorder (OUD) treatment



Mission of Jail Health Services (JHS)

- **Mission Statement:**

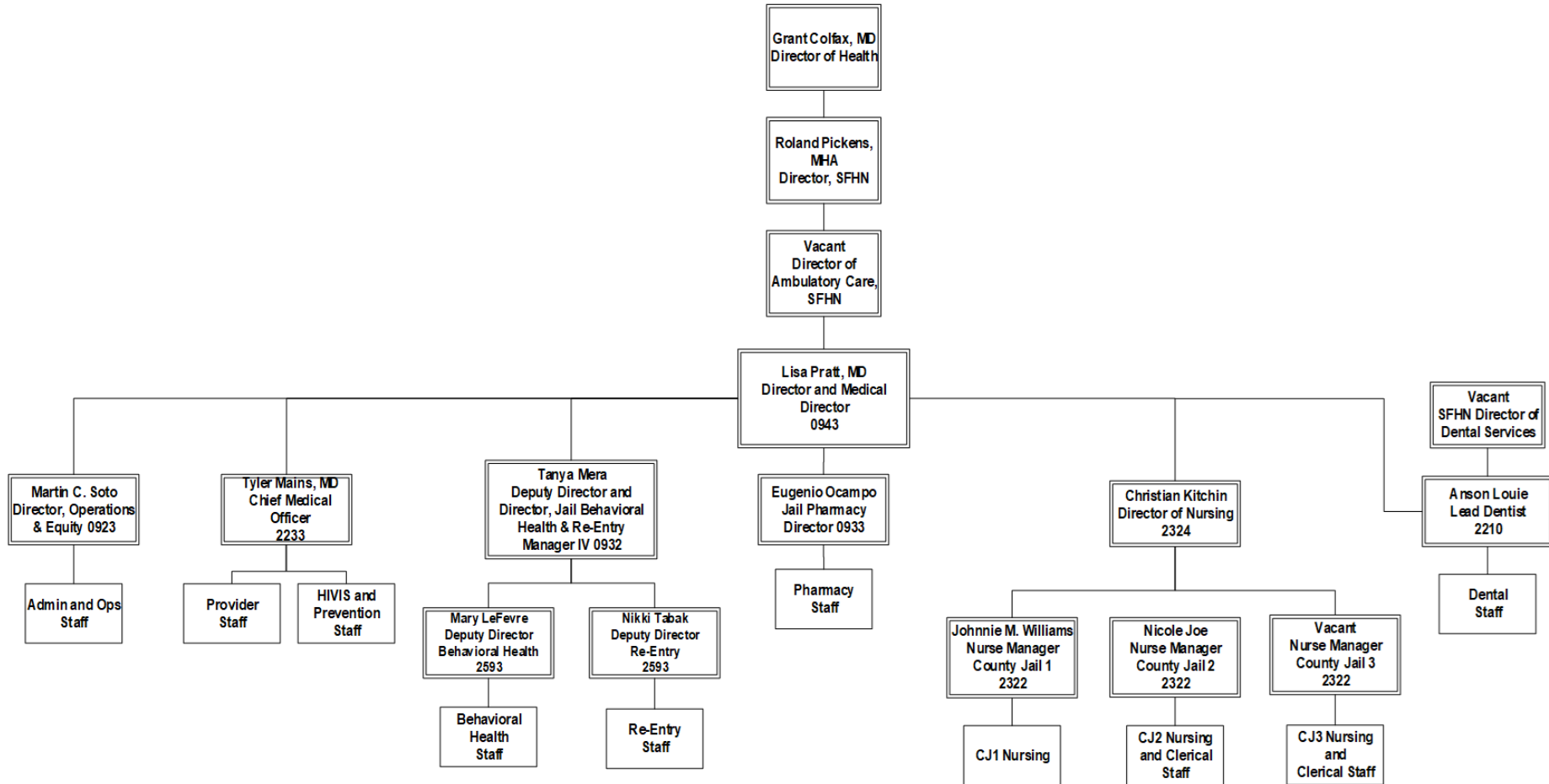
To provide comprehensive, compassionate and respectful care for incarcerated people while mitigating the effects of structural racism and historical injustices as a fully integrated and collaborative member of SFDPH.

- **Incarceration as a Public Health issue:**

- Resolution adopted by the SF Health Commission on March 24, 2019
- DPH demonstrates the 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



JHS Organizational Structure





Medical and Behavioral Health Care

Intake and Screening

All people screened on intake for history of mental illness, psychiatric medication use, substance use, suicide risk, medical conditions, injury

Primary/Urgent Care

Stabilize untreated conditions. Onsite primary and urgent care, dental, podiatric, OB/GYN services. Linkage to ongoing care at discharge. HIV, HCV, STI screening and treatment. Specialty OB/GYN care onsite. SUD withdrawal management and MOUD.

Infection Control

Intensive screening and isolation or quarantine for communicable diseases such as COVID-19, MPX, influenza, and tuberculosis

Skilled Nursing/Long Term Care

All meds nurse administered individually, and staff provides IV antibiotics, complex wound care, other office-based procedures. Limited access to real time diagnostic capability (labs, imaging, etc.)

Mental Health

Care in the jails: screening and assessment, crisis intervention, psychiatry, and individual and group treatment. Full spectrum of care from general behavioral health support to specialty mental health care

Substance Use Disorder

Care in the jails: individualized treatment plans include medications for addiction treatment (MAT), abstinence models (12-step, AA, NA), BHS support via group and individual treatment; overdose prevention education and nalaxone distribution



Reentry Planning

Current strategy: full complement of reentry planning provided to most vulnerable/acute patients with **release dates** coordinated by treatment court involvement

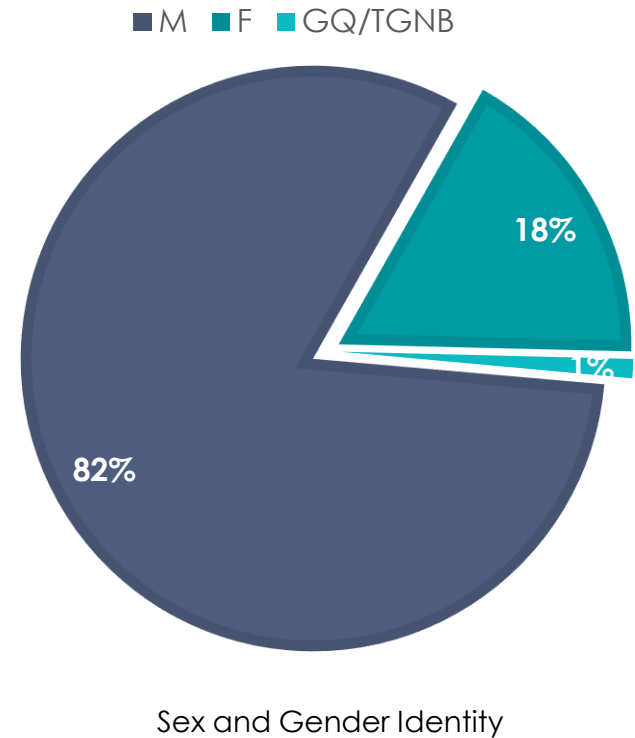
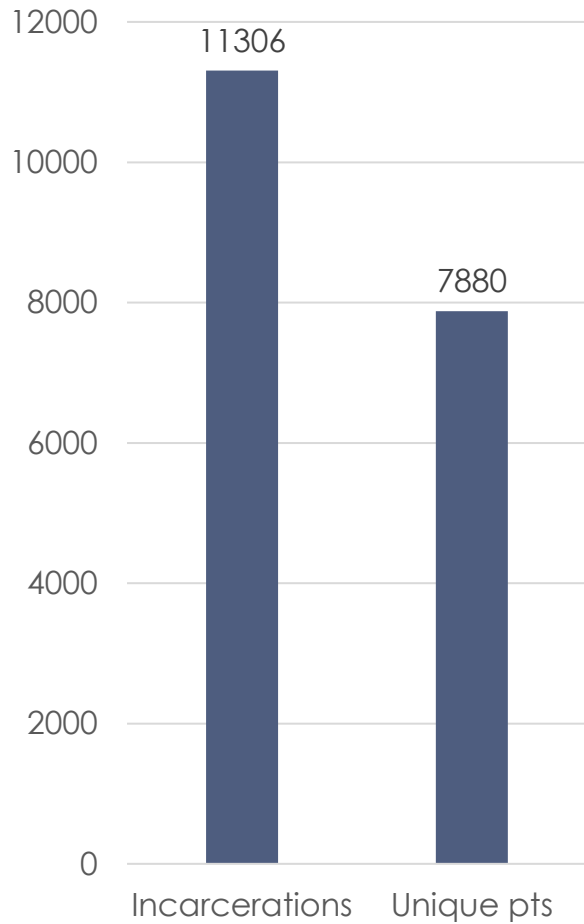
- Partnering with SFSO for discharge planning for general releases

Future Strategy: founded on CalAIM Justice-Involved Initiatives targeting high-risk individuals with complex needs

- **Initiation of discharge planning** shifts from dependence on release dates to standard processes from booking onward.
- **Broad patient eligibility criteria** to include majority of jail population
- **Jail-specific Medi-Cal reforms** facilitates treatment access to community programs. Benefits include ECM and Community Supports to identify and manage **risk**
- ***Close collaboration with criminal justice, County Behavioral Health and other community partners continues to be paramount.***



Jail Admissions FY22-23



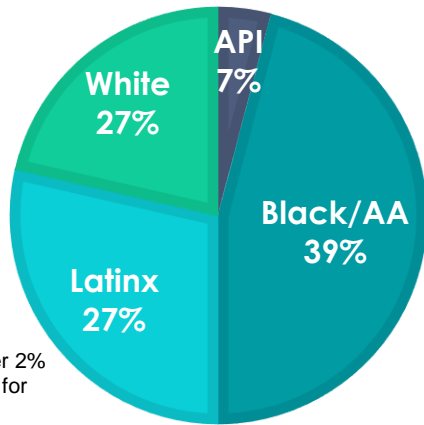
GQ- gender queer
TGNB – transgender, non-bin



Race/Ethnicity Booking vs Point in Time

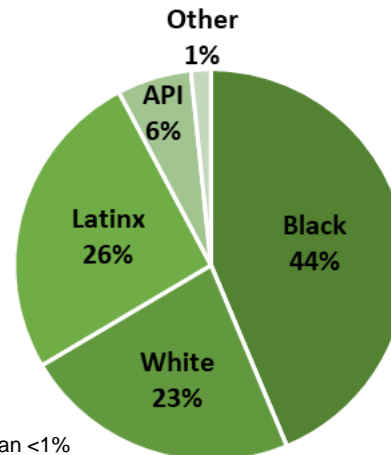
■ API ■ Black/AA ■ Latinx ■ White

People at booking 2022-23



Native American <1%, other 2% and unknown 2% removed for data visualization

■ Black ■ White ■ Latinx ■ API ■ Other

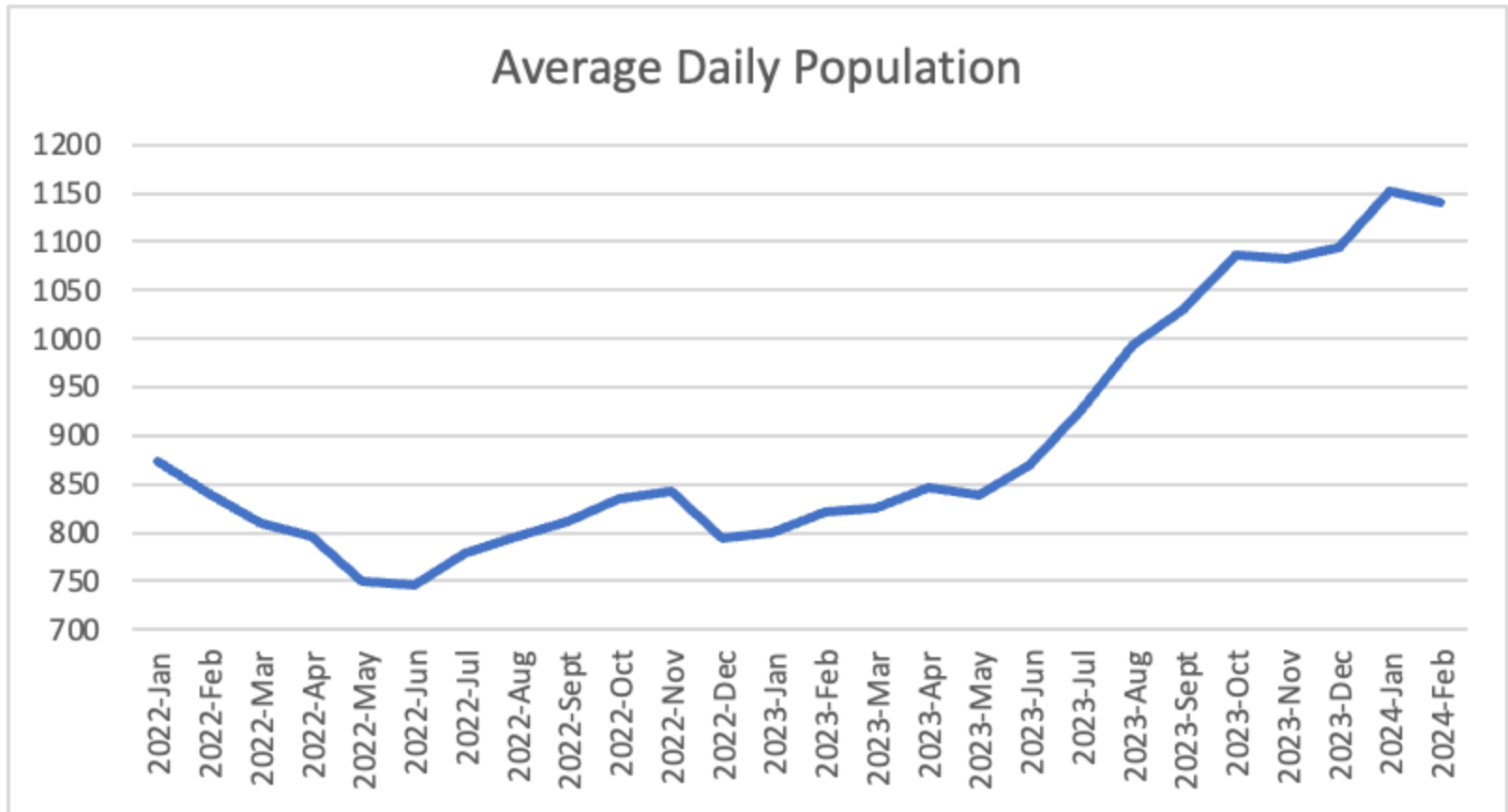


Native American <1% removed for data visualization

People in jail on a day in Feb 2024

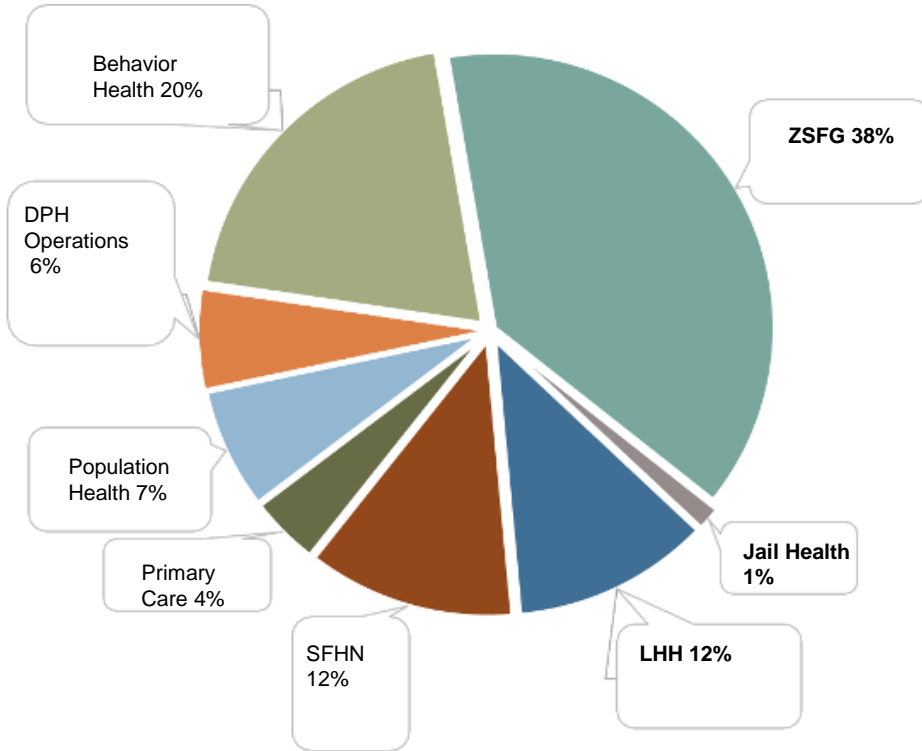


Jail Census Trends 2022-2024





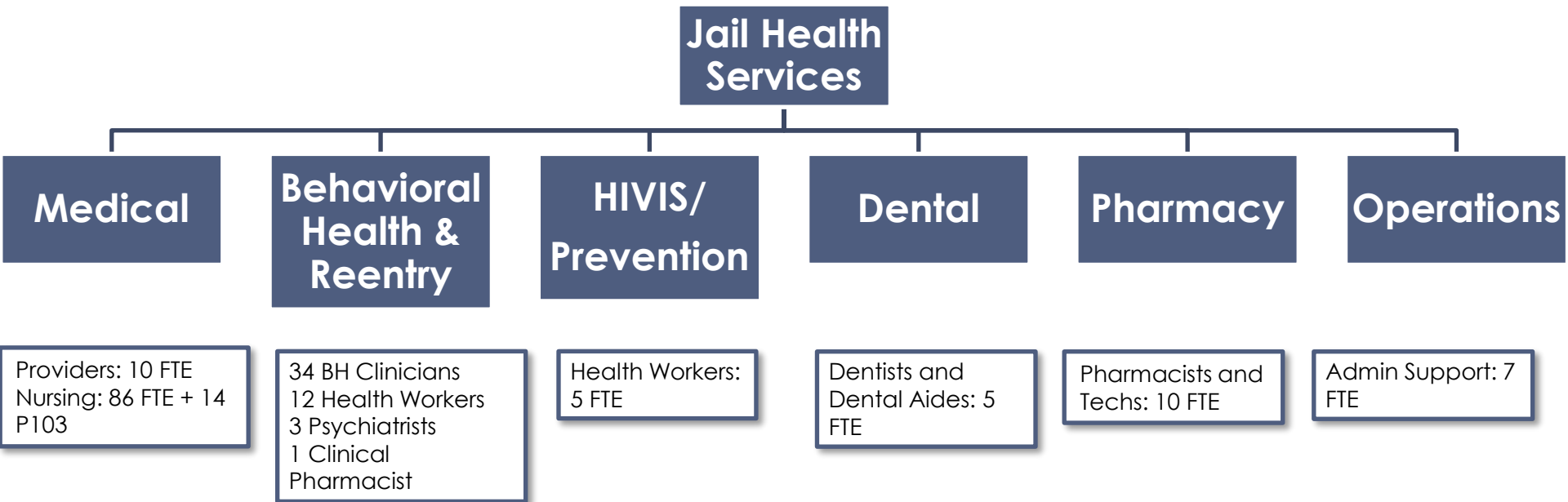
DPH Budget FY23-24



DPH Division	FY23-24 Budget	FTE
Zuckerberg SF General	1,204,370,000	2,971
Behavioral Health	763,090,000	902
Jail Health	43,100,000	157
Laguna Honda Hospital	352,400,000	1,395
Health Network Services	373,370,000	694
Primary Care	140,870,000	571
Population Health Division	173,100,000	569
DPH Operations	185,830,000	585
Total	\$3,236,110,000	7,844



Service Lines & Staffing



156 budgeted FTE provide 24/7/365 care to a census of 1150 people



JHS True North Pillars FY 23-24



Equity

REDUCE DISPARITIES IN HCV TREATMENT
Baseline: tx -16% AA and Latino
Goal: tx – 50% AA and Latino



Service Experience

INCREASE % OF PEOPLE RELEASED WITH REQUIRED MEDICATION
Baseline: 72%
Goal: 90%



Safety & Security

INCREASE BAR CODE MED ADMINISTRATION
Baseline: 40%
Goal: 80%



Develop People

INCREASE % OF STAFF WHO ENDORSE EFFECTIVE COMMUNICATION ACROSS ALL LEVELS
Baseline: 35%
Goal: 60%



Health Impact

INCREASE LINKAGE FOR MEDICATION FOR OUD IN COMMUNITY
Baseline: 24%
Goal: 30%



Financial Stewardship

REDUCE NURSING MANDATORY OVERTIME
Baseline: 56 hrs/mo
Goal: 20 hrs/mo

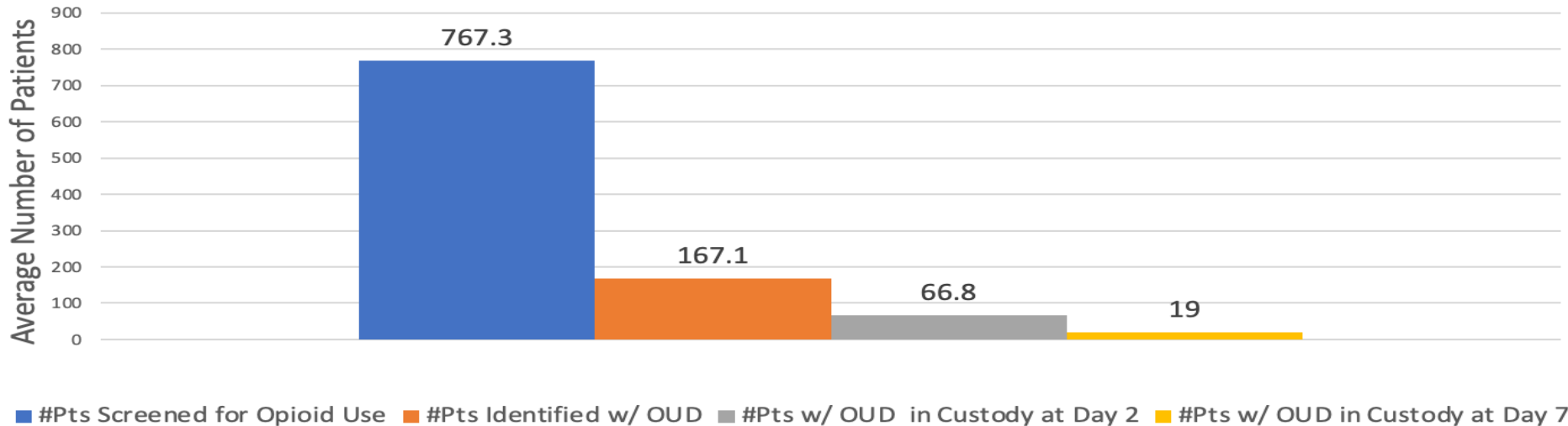


Treatment for OUD*

Goals:

- Screen 100% of people booked into the jail for opioid use disorder
- Provide evidence-based care as soon as clinically appropriate
- Connect people to care in the community if and when they are ready

Average # of Patients per Month Booked/Admitted to Jail Health
July 2023 - March 2024



■ #Pts Screened for Opioid Use ■ #Pts Identified w/ OUD ■ #Pts w/ OUD in Custody at Day 2 ■ #Pts w/ OUD in Custody at Day 7

*opioid use disorder



Medications for OUD (MOUD)

- On average, 104 patients every month are started on MOUD in the jail
- JHS provides all three FDA-approved medications for OUD:
 - Buprenorphine
 - Methadone
 - Naltrexone
- JUNO: Justice-Involved OUD Community
 - SAMHSA grant to follow patients 6 months post-release, utilizing contingency management and patient navigators
 - Align with street medicine's efforts to engage unhoused patients at risk for overdose



OUD Treatment/OD Prevention

- Increase access to medical care for OUD
 - Currently methadone provided as guest dosing through established clinic provided by Bayview Hunters Point
 - New Partnership with ZSFG Ward 93 / Opiate Treatment Outpatient Program to create a "satellite site" in jail for "new starts"
 - Expanding access to injectable buprenorphine
 - Ensure the right patients are offered the right treatment and are protected from overdose – naloxone education and supply
- Enhance partnerships with community providers
 - Coordinate with SFSO, community programs, collaborative courts for substance use counseling during and after incarceration through CalAIM



Reentry SUD Treatment

- Programs available through DPH as well as other community programs:
 - Adult Probation – Minna, Billie Holliday, TRP
 - HR360
 - SFSO
 - Salvation Army
 - Father Alfred's, Latino Commission, Friendship House
- 60% of residential treatment placements in the last 6 months by JHS/DPH staff were made to SUD programs



Challenges

- **Density of population:** increasing census by 53% since Covid with 25% fewer beds since CJ4 closure
- **DTS/IT/Epic optimization:** technical issues impacting patient safety awaiting resolution
- **Rapid turnover of population:** 76% of people are released within 7 days – most without any notification
- **Adapting to emerging public health concerns:** in partnership with SFSO to keep people safe from illness and injury



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THANK YOU