

Jail Health Services: a system of care for incarcerated people

**Hali Hammer
Director of Ambulatory Care, DPH**

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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Overview of Presentation



- I. **Overall mission and health services provided at the county jails:** collaboration with San Francisco Sheriff's Office (SFSO)
- II. **Service models:** physical health, behavioral health, and reentry planning
- III. **Staffing:** medical staff, particularly nurses, responsible for providing care to people in custody
- IV. **Roll out of Epic** (an electronic medical record database)
 - *How Epic implementation has impacted workflows and job conditions for jail health staff*
 - *How Epic implementation has impacted patient care*
- V. **Health outcomes of people in custody in our county jails**

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

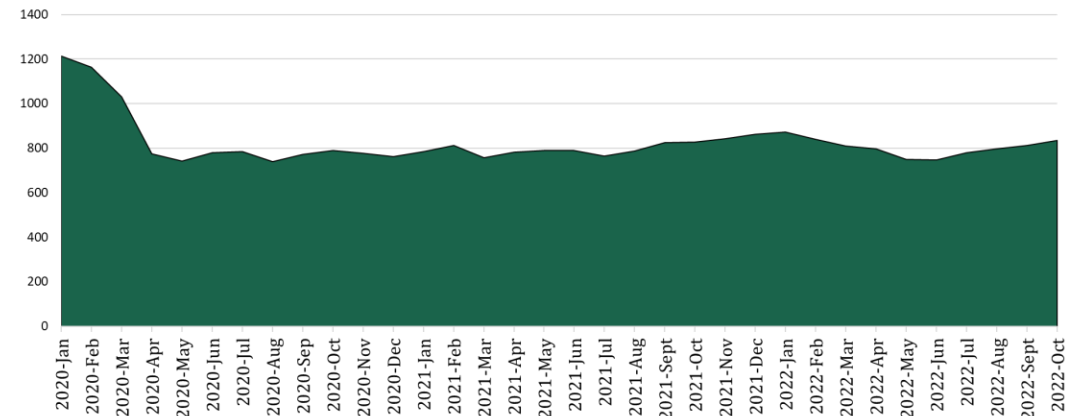
JHS Collaboration with SFSO



• Collaboration with SFSO

- All access to patients is controlled by SFSO
- Requires close collaboration and strategic alignment between JHS and SFSO
- Though the SF County Jail is one operational entity, there are unique features of each jail location:

Average Daily Confined County Jail Population



County Jail 1 (CJ1)

- Intake and release jail – new arrestees, people being discharged

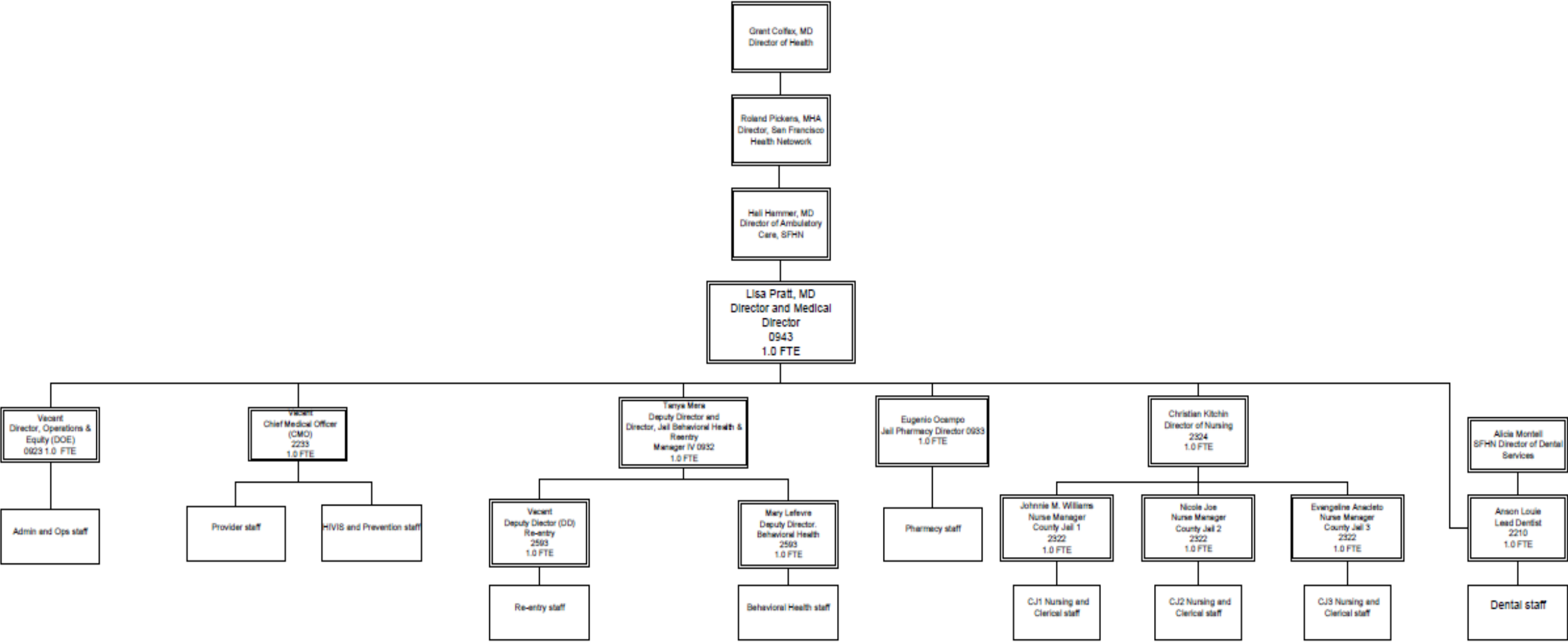
County Jail 2 (CJ2)

- All newly incarcerated, including
 - medically supported withdrawal, e.g., alcohol, opioids, methamphetamine; and
 - isolation/quarantine for communicable diseases, e.g., COVID-19, MPX, influenza
- Highest level acuity for psychiatric and medical conditions with specialized infirmary
- All cis- and trans- women

County Jail 3 (CJ3)

- People likely to stay in jail for longer periods
- Specialized psychiatric and medical housing

Jail Health Services Organizational Structure



Service Model: Physical Health



Intake and Screening	Identify injuries or illness that would preclude safe housing with the general jail population
Urgent care	Stabilize untreated conditions, especially those that have been exacerbated by homelessness, substance use, and mental illness. Dental and podiatric urgent care provided in the jails.
Chronic Illness Care	Assume primary care responsibilities for those who remain in jail and link to ongoing care on discharge
Infection Control	Intensive screening and isolation or quarantine for communicable diseases such as COVID-19, MPX, influenza, and tuberculosis
Acuity Similar to Long-term Care Facilities	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.)
Higher Level of Care	Inpatient, emergency, and specialty care provided exclusively at ZSFG
Special Medical Programs	<ul style="list-style-type: none">• Obstetric care for pregnant people on site• HIV screening and education at intake, specialty medical and nursing care, linkage to ongoing care• HCV screening and curative treatment for hepatitis C• STI screening and treatment at intake• Overdose prevention education and naloxone demonstration and distribution• Substance Use Disorder screening, treatment and linkage

Medi-Cal screening and enrollment in partnership with SFSO

Service Model: Behavioral Health



Intake and Screening	All people screened on intake for history of mental illness, psychiatric medication use, substance use, and suicidality
Mental Health	Care in the jails: psychiatry, individual and group treatment, screening and assessment, and crisis intervention
Substance Use Disorder	Care in the jails: individualized treatment plans include medications for addiction treatment (MAT), abstinence models (12-step, AA, NA), BHS support
Full spectrum of care is available and includes:	<ul style="list-style-type: none">• General population with behavioral health support• Specialized psychiatric housing (PSLU)• Psychiatric observation housing (most acute in jail)• ZSFG 7L – inpatient jail psychiatric unit

Service Model: Reentry Planning



Discharge Planning:

- **Strategies vary** depending on length of stay
- Require **close collaboration with criminal justice and community partners**
 - *Sheriff, Probation, Pre-Trial Diversion, Public Defender, DA, Behavioral Health Services, and others*
- Focus is on **continuity of care and setting individuals up for successful reintegration** into the community.
- **Full spectrum of services are available** to support individuals at release
 - *Range from providing discharge medications and a cab ride to initiation of a conservatorship and placement in a locked psychiatric facility.*
- Vast majority of **complex discharge plans are done through treatment courts** where Reentry staffs two
 - *Mental Health Diversion and Behavioral Health Court*
- **Linkage to treatment (MH, SUD, physical) is a collaborative effort** with multiple stakeholders
 - *Jail Health initiates referrals and provides warm hand-offs*

CalAIM implementation will create opportunities for reimbursement for discharge planning and enhance services and supports for people exiting carceral settings.

EPIC Implementation



Epic is DPH's enterprise-wide electronic health record – will be used by all clinical services across DPH

JHS IMPLEMENTATION – GO LIVE 10/2/2021

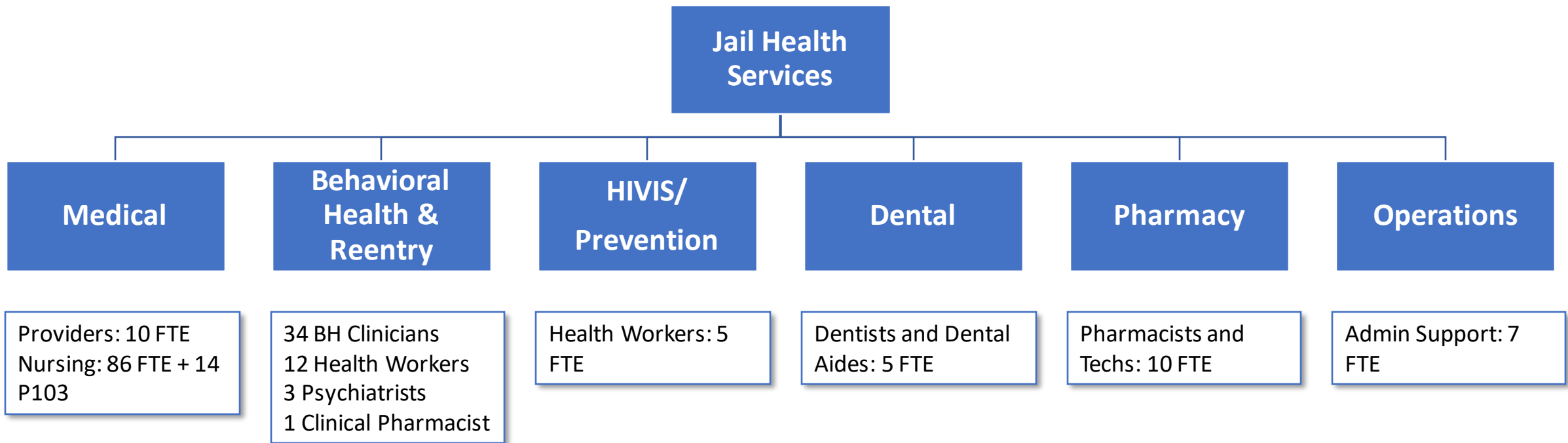
EPIC Impact on Patient Care in Jails

- Supports **integration of care** within the jails with care provided in other DPH areas
- **Standardizes documentation** of care provided in the jails
- Gives JHS staff **access to medical records** from other DPH areas and community providers
- Will be an essential tool **in JHS-based Med-Cal payment reform** (CaAIM)

Challenges Faced

- **Duplicate medical record** created for nearly every person entering jail – takes days to weeks to merge
- **Task lists confusing and unreliable** based on linked orders
- Required development and training on **all new workflows**
- **Technology** required to support some critical features in Epic **not functioning** at CJ3 so tasks take longer

Staffing



Nursing Staffing in the County Jails



Below are staffing minimums for RN and LVN hours for each County Jail per MOU with SEIU 2320 for an overall total of 268 hours on weekdays and 240 hours on weekends

NURSING STAFFING MINIMUMS		RN Hours	LVN Hours	RN + LVN Hours
M-F Required Core Staffing Per MOU:				
	CJ1	64	N/A	64
	CJ2	60	40	100
	CJ3	64	40	104
	Total nursing hours required			268
Weekend Required Core Staffing Per MOU:				
	CJ1	64	N/A	64
	CJ2	48	48	96
	CJ3	48	32	80
	Total nursing hours required			240

Nursing Staffing in the County Jails

Since September 2022



12 Hour Shifts	Average Hours Staffed per Day
Monday - Friday	352 <i>includes average 22.6 hours registry</i> MOU core: 268 hours
Weekend	275 <i>includes average 21 hours registry</i> MOU core: 240 hours

Measures to Stabilize Nurse Staffing



Cross training at all jails in order to float nurses to understaffed areas



Expedited/priority hiring for JHS



Approval for 3 new 2320 positions



Standby pay offered (to help cover unanticipated absences)



Registry contract implemented



Task timing to provide data for level loading across sites



Current Vacancies



Positions in Recruitment

- 9 PCS 2320 RNs
- 6 P103s
- 4 PC 2312 LVNs + 3 CAT 17 LVNs
- 8 PCS 2587 Health Worker IIIs
- 2 PCS 2932 Sr Behavioral Health Clinicians
- 2 PCS 2930 Behavioral Health Clinicians
- 1 PCS 2586 Health Worker II
- 1 PCS 2589 Health Program Manager

Positions in Onboarding

- 4 PCS 2320 RNs (starting in December)
- 1 PCS 2312 LVNs (starting in December)

Health Outcomes – Mortality Data, 2019



SF County Jail	10/100K (total 1)
California Jails	206/100K (total 154)
US Jails	167/100K (total, 1,200)

COVID-19 in SF County Jails



NO DEATHS OR HOSPITALIZATIONS due to COVID-19 in San Francisco County Jails

COVID-19 Mitigation Strategies:

- **Universal symptom screening and testing** for all those entering jail with 350-400 tests/week
- **Masking** for all those working or incarcerated in the jail
- **Isolation** for those with symptoms as well as those who test positive
- **Quarantine** for all new arrivals for 10 days with repeat testing on day 5, with continued symptom monitoring
- **Surveillance testing** based on new case identification
- **Vaccine screening**
 - Intake screening: universal screening and chart review for history of vaccination
 - Screening at clinician visits
- **Access to oral antiviral medication** for those with COVID-19 infection

COVID-19 Vaccines in SF County Jails



Average weekly vaccine doses administered (Aug 14 – Sept 15): **12 doses per week**

Total Population by Vaccination Status (N=817)		
	Partial	41 (5%)
	Full Series	164 (20%)
	Boosted	362 (44%)
	Total	567 (69%)

Vaccine data for week of October 2022

Challenges



- **Staffing** – urgent need to fill vacancies
- **Density of population** – 25% fewer beds since closure of CJ4 with increasing population
- **DTS/IT/Epic optimization** – technical issues
- **Rapid turnover** – 74% of patients are incarcerated for 7 days or fewer
- **Adapting to emerging public health concerns** – ongoing collaboration with SFSO to keep population safe from illness and injury



Thank you

