Jail Health Services

Introduction to the Sheriff's Oversight Board

Health care during incarceration.
Connections to care after release.

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Our goal: improve health outcomes during and after incarceration.

Jail Health Services: scope and structure

Comprehensive, compassionate care in custody and connections to care after release.

OUR MULTIDISCIPLINARY TEAM

Director of Jail Health Services

- **Nursing**
- **Medical Care** (Prevention, Acute Needs, Chronic Conditions)
- **Behavioral Health**
- **Psychiatry**
- **Care Coordination / HIVIS**
- **Pharmacy**
- **Operations / Administration**
- **Eligibility / CalAIM**

AT A GLANCE

~1,100
people in custody daily

~17,000
bookings annually

~50%
released within 48 hours

~1,700
triages per month*

Mental health services in custody

How patients enter care

Most clients are referred to JBHS by nursing staff, but we also receive referrals from SFSO, lawyers, family, clients themselves and other staff that work in jails.

Services we provide

Assessment, ongoing treatment, medication management, crisis care, Psychiatric Sheltered Living Units, mental health focused groups

How we work together

We take a multidisciplinary approach that includes regular meetings including weekly multi-disciplinary meetings with nursing, medical, psychiatry, mental health and SFSO staff.

Mental health: reach and challenges

334

Initial mental health assessments per month since July 2026

21

5150s per Month since July 2026

38%

Percentage of clients that are followed by JBHS in some capacity

What is working

Clients receive excellent assessment and mental health services, including treating undiagnosed symptoms and longer-term stabilization and medication management.

Where we need to improve

Shorter wait times for both psychiatry and mental health services through not only hiring but more efficient processes.

Care Coordination: who we help

Who Receives Support?

- Mental or behavioral health needs
- Substance use concerns
- Chronic medical conditions
- Homelessness
- Lack of insurance or resources
- Limited community support

Identify Needs

- Physical and behavioral health services
- Residential and outpatient treatment
- Medication continuity
- Housing
- Basic necessities

Care Coordination: the workflow

Develop a Plan

- Assess immediate needs and potential barriers
- Establish realistic goals and priorities
- Identify community providers and resources
- Coordinate roles and expectations

Connect to Services

- Establish connections with providers
- Assist with resources
- Provide referrals
- Warm handoff or transportation upon release

Release Process

- Confirm planned referrals and resource information have been provided
- Communicate relevant care need to providers
- Address urgent needs
- Provide individuals with follow up instructions and next steps

Care Coordination: what we have learned

Transitions are Complex

- Ongoing care linkage/handoff
- Defining clear roles and expectations
- Navigating multiple systems (SFSO, legal, etc.)
- Limited time and resources
- Individual barriers
- Delays and waitlists

Strengthen Our Processes

- Improved collaboration with SFSO
- Daily review of release notifications has lead to earlier identification of clients
- Regular meetings to review sample cases to identify service gaps
- Streamlined internal processes and workflows
- Increased accountability and follow-through

Priorities for the year ahead

Safe and reliable care	Strengthen consistent access, clinical workflows and patient safety.
Integrated care transitions	Use data to prioritize support and clarify roles across teams.
Partnership with SFSO	Improve coordination around patient movement, release information and safe transitions.

We look forward to continued collaboration and your questions.